


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000005248**

1. Entity Name  
 B.I.O.N.I.C. GOLF, INC.



Principal Place of Business  
 3063G HERON LAKE DR  
 KISSIMMEE, FL 34741

Mailing Address  
 3063G HERON LAKE DR  
 KISSIMMEE, FL 34741

**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 75-2955093

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YEARY, MARTHA SUE  
 3063G HERON LAKE DR  
 KISSIMMEE, FL 34741

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C YEARY, MARTHA SUE 3063G HERON LAKE DR KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCP STEPHANIE LEIGH YEARY 4208 QUAPAW AVENUE SAN DIEGO, CA 92217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV YEARY, STACEY LYNN 4208 QUAPAW AVENUE SAN DIEGO, CA 92217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000355950  
 05/04/05-80015-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Martha Sue Yearly 4/29/05 407-932-2466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARTHA SUE YEARY