
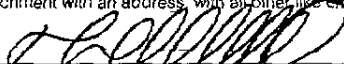


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F72950</b>		
1. Entity Name <b>SHS JAX GOLF, INC.</b>		
Principal Place of Business <b>150 NORHTSIDE DR S. JACKSONVILLE, FL 32218</b>		Mailing Address <b>POST OFFICE BOX 41285 JACKSONVILLE, FL 32203</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DURBANO, NICHOLAS D. 150 NORHTSIDE DR S. JACKSONVILLE, FL 32218</b>		01042006    No Chg-P    CR2E034 (11/05)
		4. FEI Number <b>59-2238283</b>
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.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		<b>DO NOT WRITE IN THIS SPACE</b>
SIGNATURE _____ <small>(Signature typed or printed name of registered agent and title if applicable)    (NOTE: Registered Agent signature required when registering)    DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST DURBANO, NICHOLAS D. 153 NORTHSIDE DR., S. JACKSONVILLE, FL 00000,</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-family: monospace; font-size: 1.2em;">1100000467042 03/13/06-80035-006 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: 		1-10-06
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #