
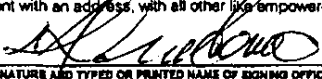


FILED
Aug 20, 2007 8:00 am
Secretary of State

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07-19-2007 90024 030 ***550.00

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

DOCUMENT # F72950 1. Entity Name SHS JAX GOLF, INC.			
Principal Place of Business 150 NORTHSIDE DR. JACKSONVILLE, FL 32218 <i>1968 HICKORY TRACE DR ORANGE PK FL 32003</i>		Mailing Address POST OFFICE BOX 41285 JACKSONVILLE, FL 32203	
DO NOT WRITE IN THIS SPACE		07052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2238283 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DURBANO, NICHOLAS D. <i>1968 HICKORY TRACE DR</i> 150 NORTHSIDE DR. <i>ORANGE PARK FL</i> JACKSONVILLE, FL 32218 <i>32003</i>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DURBANO, NICHOLAS D. 153 NORTHSIDE DR., S. JACKSONVILLE, FL 00000.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>Aug 15-07</i> <small>Daytime Phone #</small>	