2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State
04-25-2008 90146 002 ***150.00

DOCUMENT # F95000003692

1. Entity Name
STANLEY GOLF WORKS, INC.

Principal Place of Business	Mailing Address
9770 GARDENS E DR PALM BEACH GARDENS FL 33410 US	9770 GARDENS E DR PALM BEACH GARDENS FL 33410 US

66012678

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9770 Gardens E Dr.	4242 Holly Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: P.B.G. FL.	City & State: P.B.G. FL.
Zip: 33410 Country: P.B.	Zip: 33410 Country: P.B.

4. FEI Number 62-1094378 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, ROBERT
4372 NORTHLAKE BLVD
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVD	☑ Delete
NAME	STANLEY, ROBERT H	
STREET ADDRESS	4372 NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PVD	☐ Delete
NAME	Stanley Robert H	
STREET ADDRESS	4242 Holly Drive	
CITY-ST-ZIP	Palm Beach Gardens Fl 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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 Section 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: Robert H Stanley 4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #