2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004607

1. Entity Name PHIL RITSON'S 19TH HOLE INC.

FILED Mar 14, 2007 08:00 AM **Secretary of State**

16301 PHIL RITSON WAY WINTER GARDEN, FL 34787 US

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DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3452343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GERLANDER, BRUCE 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00 9. Election Campaign Fire Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	U00000666346
10.	OFFICERS AND DIREC	CTORS			03/23/07-80064-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP GERLANDER, BRUCE 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.3	
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.					

PUNCE GENTANDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D