

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 045 ***150.00



DOCUMENT # F99000005635
 1. Entity Name
GOLF WORKS UNLIMITED LANDSCAPING, INC.

Principal Place of Business Mailing Address
3660 STONERIDGE #F102 AUSTIN TX 78746 **3660 STONERIDGE #F102 AUSTIN TX 78746**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **74-2503880** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 *NIA*
 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, 2004 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	CP	<input type="checkbox"/> Delete
NAME	HUTCHINSON, FRANKLIN	
STREET ADDRESS	3660 STONERIDGE #F102	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HOUSTOUN, JIM	
STREET ADDRESS	3660 STONERIDGE #F102	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, DIANE	
STREET ADDRESS	3660 STONERIDGE #F102	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, ELAINE	
STREET ADDRESS	3660 STONERIDGE #F102	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date: **4/30/04** Daytime Phone #