

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # G09608

1. Entity Name
GOLF SHOP, INC.



Principal Place of Business
**11900 S CLEVELAND AVE
FT MYERS, FL 33907**

Mailing Address
**11900 S CLEVELAND AVE
FT MYERS, FL 33907**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2245568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ISENHOWER, ROBERT LANDON
11900 S CLEVELAND AVE
FT MYERS, FL 33907**

**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 _____

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 Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ISENHOWER, FERN MANTHEY
STREET ADDRESS	11900 S CLEVELAND AVE
CITY-ST-ZIP	FT MYERS, FL 00000,

TITLE	P
NAME	ISENHOWER, ROBERT LANDON
STREET ADDRESS	11900 S CLEVELAND AVE
CITY-ST-ZIP	FT MYERS, FL 00000,

TITLE	V
NAME	ISENHOWER, MICHAEL R
STREET ADDRESS	11900 S CLEVELAND AVE.
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	ST
NAME	ISENHOWER, JENNIFER O
STREET ADDRESS	11900 S CLEVELAND AVE.
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000710500
04/25/07-80046-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MICHAEL ISENHOWER 4/10/07 (239) 936-8753

Date

Daytime Phone #