

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G58794

1. Entity Name

GOLF SAFARI, INC.



Principal Place of Business
3775 BONITA BEACH ROAD
BONITA SPRINGS FL 34134
US

Mailing Address
3775 BONITA BEACH ROAD
BONITA SPRINGS FL 34134
US



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2346227

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ 8.75 Additional
F Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, THOMAS
2038 MONTANA AVE NE
ST PETERSBURG FL 33703

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, 2005 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 PD ☐ Delete
NAME CLARK, JAMES P
STREET ADDRESS 11901 HUNTERS CREEK
CITY-ST-ZIP PLYMOUTH MI

TITLE VD ☐ Delete
NAME CLARK, DAWN
STREET ADDRESS 11901 HUNTERS CREEK CT
CITY-ST-ZIP PLYMOUTH MI

TITLE STD ☐ Delete
NAME CLARK, THOMAS
STREET ADDRESS 2038 MONTANA AVE NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE M ☐ Delete
NAME BUEHL, CYNTHIA L.
STREET ADDRESS 27173 OLIVER DR
CITY-ST-ZIP BONITA SPRINGS FL

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
U00000287594
04/04/05-80074-021 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(f), 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: *Thomas Clark* **THOMAS CLARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 727-567-1020

Date

Daytime Phone #