

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77766

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: DAVID GATES GOLF HEADQUARTERS, INC.

**Current Principal Place of Business:**

4421 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4421 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2357161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATES, DAVID D.  
4421 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GATES, DAVID D.,  
Address: 4421 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: GATES, ANITA G.,  
Address: 22724 LINGEMANN  
City-St-Zip: SAINT CLAIR SHORES, MI 48080

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GATES, DAVID D DP  
Address: 4421 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: GATES, ANITA G D  
Address: 11286 WATER SPRING CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V ( ) Change (X) Addition  
Name: GATES, VICTORIA L V  
Address: 4421 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. GATES

DP

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date