2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J34070

1. Entity Name
JIM FAZIO GOLF DESIGN, INC.

Principal Place of Business	Mailing Address
631 US HWY ONE, STE 402 NORTH PALM BEACH, FL 33408 US	631 US HWY ONE, STE 402 SUITE 110 NORTH PALM BEACH, FL 33408 US

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2732493	Not Applicable

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

6. Name and Address of Current Registered Agent

KRASKER, PAUL A ESQ
625 N FLAGLER DR 9TH FL
WEST PALM BEACH, FL 33401

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

LIODOOD328872
02/26/09-80019-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAZIO, VINCENT M.
STREET ADDRESS	631 US HWY ONE, STE 402
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	ST
NAME	FAZIO, AMY S.
STREET ADDRESS	631 US HWY ONE, STE 402
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   1/30/08 (561) 352-0523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #