

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J34571

FILED  
Mar 12, 2004  
Secretary of State

Entity Name: GOLF GIFTS, INC.

## Current Principal Place of Business:

4940 WESTCHESTER CT  
3704  
NAPLES, FL 34105 US

## Current Mailing Address:

4940 WESTCHESTER CT  
3704  
NAPLES, FL 34105 US

## New Principal Place of Business:

2250 ARIELLE DRIVE  
1705  
NAPLES, FL 34109 US

## New Mailing Address:

2250 ARIELLE DRIVE  
1705  
NAPLES, FL 34109 US

FEI Number: 59-2720683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN, SUSAN P  
4940 WESTCHESTER COURT #3704  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

PFEIL, SUSAN  
2250 ARIELLE DRIVE  
1705  
NAPLES, FL 34109 US

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: SUSAN PFEIL

03/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: PFEIL, RICHARD B  
Address: W3426 HIGHMEADOW RD.  
City-St-Zip: LAKE GENEVA, WI 53147

Title: DPT ( ) Delete  
Name: COLEMAN, SUSAN P  
Address: 4940 WESTCHESTER CT. # 3704  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPT (X) Change ( ) Addition  
Name: PFEIL, SUSAN  
Address: 2250 ARIELLE DRIVE APT 1705  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN PFEIL

DPT

03/12/2004

Electronic Signature of Signing Officer or Director

Date