


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J38131

1. Entity Name
BOB KINARD'S GOLF PRO SHOP, INC.



Principal Place of Business
**C/O GASPARILLA INN G.C.
FOOT OF 7TH STREET
BOCA GRANDE, FL 33921 US**

Mailing Address
**P.O. BOX 900
BOCA GRANDE, FL 33921 US**

DO NOT WRITE IN THIS SPACE



02142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2735404

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KINARD, ROBERT E.
102 CADDY RD.
ROTONDA W., FL 33947**

**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, 2004 Fee will be \$550.00**

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

000000063681
02/23/04-80172-010 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KINARD, ROBERT E. P.O. BOX 900 N/A BOCA GRANDE, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert E. Kinard (Robert E. Kinard)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Feb. 16, 2004**
1-24-04-2344
Nov. 1 - MID-JUNE EVERY YR.
H- 941-691-2370