


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90012 007 \*\*\*158.75

**DOCUMENT # J38131**  
 1. Entity Name  
**BOB KINARD'S GOLF PRO SHOP, INC.**



Principal Place of Business      Mailing Address  
 Bob Kinard's Golf Pro Shop Inc.      Same  
 1720 South McCall Road  
 Englewood, FL 34223  
 941-460-0745



02092006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2735404</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. 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: *Robert E. Kinard*      DATE: *3/10/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Kinard, Robert E. <i>PRESIDENT</i>
STREET ADDRESS	102 Caddy Road
CITY-ST-ZIP	Rotonda W, FL 33947
TITLE	Kinard, Robert F. <i>VICE PRESIDENT</i>
NAME	182 Caddy Road
STREET ADDRESS	Rotonda W., FL 33947
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: *Robert E. Kinard*      DATE: *3/10/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

40036520

#J38131

March 8, 2006

To: Division of Corporations  
P.O.Box 6198  
Tallahassee, FL 32314

From: Bob Kinard's Golf Pro Shop Inc.  
1720 S. McCall Road  
Englewood, FL 32314  
Phone 941-460-0745  
Fax 941-460-0752

This 2006 For Profit Corporation, Annual Report renews Document #J38131, and  
check for ~~\$188.75~~ is enclosed.

158.75K

This document also shows our change of address and telephone. Robert F. Kinard  
is added as Officer and Director.

We trust we have handled this in a satisfactory manner. Thank you.

*Robert F. Kinard*  
PRESIDENT.