2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J52470

1. Entity Name
CREATIVE GOLF, INC.

Principal Place of Business	Mailing Address
VOLKER KRAJEWSKI 7617 SE AUTUMN LN HOBE SOUND, FL 33455 US	VOLKER KRAJEWSKI 7617 SE AUTUMN LN HOBE SOUND, FL 33455 US

02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2762954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SACHS, PETER A., ESQ.
JONES & FOSTER, P.A.
505 S FLAGLER DR, P. O. DRAWER E
W PALM BCH, 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 _____ DATE
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, 2004 Fee will be $550.00

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

U00000056315
02/19/04-80015-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRAJEWSKI, VOLKER
STREET ADDRESS	7617 S.E. AUTUMN LANE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	ST
NAME	DROZ, YVONNE
STREET ADDRESS	7617 SE AUTUMN LN
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Volker Krajewski VOLKER KRAJEWSKI PRES. 2-15-04 772-223-7042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #