

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 09, 2006 08:00 A
Secretary of State**

DOCUMENT # J52470

1. Entity Name
CREATIVE GOLF, INC.



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

Mailing Address
**VOLKER KRAJEWSKI
7617 SE AUTUMN LN
HOBE SOUND, FL 33455 US**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2762954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000427209
02/20/06-80072-023 150.00

10. OFFICERS AND DIRECTORS

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

Volker Krajewski **VOLKER KRAJEWSKI**

2-6-2006

772-223 7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #