

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90017 029 ***150.00

DOCUMENT # L14026

1. Entity Name
GOLFAIR, INC.



9951 Atlantic Blvd.
Suite 218
Jacksonville, FL 32225

Mailing Address
4251 MONUMENT ROAD
UNIT 302
JACKSONVILLE, FL 32225 US



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2967056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAUTEN, WAYNE G
4251 MONUMENT RD
UNIT 302
JACKSONVILLE, FL 32225

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LAUTEN, DONNA R
STREET ADDRESS	4251 MONUMENT RD UNT 302
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	P
NAME	LAUTEN, WAYNE G.
STREET ADDRESS	4251 MONUMENT RD UNT 302
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	BUFFKIN, TIMOTHY W
STREET ADDRESS	12526 MISSION HILLS CIRCLE N
CITY - ST - ZIP	JACKSONVILLE, FL 32225
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: *Donna R. Lauten* **Donna R. Lauten**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date

904 642-1883
Daytime Phone #