


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90097 014 ***150.00


DOCUMENT # L31695
 1. Entity Name
JERRY PATE GOLF DESIGN, INC.



Principal Place of Business Mailing Address
301 SCHUBERT DRIVE **301 SCHUBERT DRIVE**
PENSACOLA, FL 32504 **PENSACOLA, FL 32504**

DO NOT WRITE IN THIS SPACE

400100



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2978292	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
STACKHOUSE, HARRY B
800 W. ROMANA ST.
SUITE 800
PENSACOLA, FL 32501

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY, ST, ZIP	P PATE, JEROME K 301 SCHUBERT DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V DANA, STEVE 301 SCHUBERT DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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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 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:  **4/17/08** **850-479-4653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
STEVE DANA