2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # L93630 1. Entity Name PRO GOLF DISCOUNT OF CLEARWATER, INC. Mailing Address Principal Place of Business___ 2881 A GULF TO BAY BLVD. 2881 A GULF TO BAY BLVD. CLEARWATER, FL 33759 US CLEARWATER, FL 33759 No Chg-P CR2E034 (10/03) 02042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3027041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLS, RICHARD B 2881 A GULF TO BAY BLVD CLEARWATER, FL 33759 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE MILLS, RICHARD B. NAME 2881 GULF-TO-BAY BLVD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 U00000266238 TITLE NAME MILLS, GIOVANNA L. 03/17/05-80024-002 150.00 STREET ADDRESS 2881 GULF-TO-BAY BLVD CLEARWATER, FL 33759 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

prophation 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 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 feceiver 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 I hereby certify that the indicated on this report

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED