
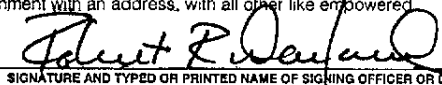


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M90090 1. Entity Name GOLF FORMS, INC.		
Principal Place of Business 5910 TAYLOR ROAD SUITE 101 NAPLES, FL 34109 US		Mailing Address 5910 TAYLOR RD STE 101 NAPLES, FL 34109 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DARLAND, ROBERT R. 6809 WELLINGTON DRIVE NAPLES, FL 34109		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLAND, ROBERT R. 6809 WELLINGTON DRIVE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLAND, CYNTHIA M. 6809 WELLINGTON DRIVE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES K 4991 PALMETTO WOODS DRIVE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DEBORAH A. 4991 PALMETTO WOODS DRIVE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1-10-05 / 239-566-9494
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2898537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/19/05-80007-021 150.00

**DO NOT WRITE
IN THIS SPACE**