


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2898537	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applied	
6. Name and Address of Current Registered Agent DARLAND, ROBERT R. 6809 WELLINGTON DRIVE NAPLES FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D DARLAND, ROBERT R. 6809 WELLINGTON DRIVE NAPLES FL 34109				1000000408640 02/08/06-80061-008 150.00	
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	
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1st MOORE CR2E034 (10/05)

FL Zip Code

SIGNATURE: *Robert Darland* **ROBERT DARLAND** **1-26-06 239-566-9494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #