

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-2898537	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title. (Typed name required when submitting electronically.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	DARLAND, ROBERT R.
STREET ADDRESS	6809 WELLINGTON DRIVE
CITY-ST-ZIP	NAPLES FL 34109
TITLE	D ☐ Delete
NAME	DARLAND, CYNTHIA M.
STREET ADDRESS	6809 WELLINGTON DRIVE
CITY-ST-ZIP	NAPLES FL 34109
TITLE	D ☐ Delete
NAME	BROWN, JAMES K
STREET ADDRESS	4991 PALMETTO WOODS DRIVE
CITY-ST-ZIP	NAPLES FL 34119
TITLE	D ☐ Delete
NAME	BROWN, DEBORAH A.
STREET ADDRESS	4991 PALMETTO WOODS DRIVE
CITY-ST-ZIP	NAPLES FL 34119
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Robert Darland 1-23-08 237-566-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR