2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P00000078715 1. Entity Name POOR BUBBA'S GOLF WAREHOUSE, INC.									04-29-20	04 90212	2 030 ***:	150.00
Principal Place of Business 24181 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134			2	Mailing Address 24181 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134				2 1 4 1 17 0 1 1 71	PO(17 AO(1) BO(1) AO(1) AO		0706'	
2. Principal Place of Business				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02062004	Chg-P	CR2E0	34 (10/03)	
City & State			'	City & State				4. FEI Number 59-367			<u> </u>	plied For t Applicable
Zip	Country			Zip 	try		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	legistered /	Agent	
BAILEY, FRANCIS L 24181 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134						Name BAILEY FRANCIS I. Street Address (P.O. Box Number is Not Acceptable) 6071 TIDEWATER ISLAND CIRCLE						
						City		WEDG		FI	Zip Code 3 3 9 0	<u> </u>
O. The above and Other hands and the state of the state o							I. W	IYERS	the in the State of El	orido Loro		
8. The above named effity 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
												
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution						ncing · 🔲		.00 May Be ed to Fees			·	· .
10.	OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO OFF	ICERS AND		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, I 23640 W/ BONITA S	☐ Delete			D BAILEY, FRANCIS L 6071 TIDEWATER ISLAND FORT MYERS, FL 33908				G Change CIRC	□ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Y.	- : "	☐ Delete		3			· • ·		☐ Change	Addition .
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	e et address -st-zip					Change	Addition
12. I hereby certify that the information 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR