

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90565 002 ***150.00

DOCUMENT # P0000084551

1. Entity Name:
INTERNATIONAL GOLF DESIGN, INC.

Principal Place of Business Mailing Address

C/O FREDERICK M. SETTLE, JR.
11233 CROOKED RIVER COURT
CLERMONT, FL 34711

C/O FREDERICK M. SETTLE, JR.
11233 CROOKED RIVER COURT
CLERMONT, FL 34711

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3671480 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SETTLE, FRED M SR
11233 CROOKED RIVER COURT
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (If 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

Signature, typed or printed name of registered agent and entity applicable (NOT: Registered Agent signature required when filing this)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
PST	SETTLE, FREDERICK M JR.	11233 CROOKED RIVER COURT	CLERMONT, FL 34711	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
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TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-STATE-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)(a), 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 empowerment.

SIGNATURE:

FRED M. SETTLE JR. *Fred M. Settle Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

APRIL 28, 2005

Date

Daytime Phone #