


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000110118 1. Entity Name GOLF COURSE CONCEPTS, INC.	
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Principal Place of Business 7212 N MOBLEY RD ODESSA, FL 33556	Mailing Address 7212 N MOBLEY RD ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**HAYES, CATHERINE
7212 N MOBLEY RD
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

I, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HAYES, CATHERINE 7212 N MOBLEY RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/19/04-80015-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 fee empowered.

SIGNATURE:  **3-17-04 941 320 6960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #