

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026823

FILED
Apr 01, 2005
Secretary of State

Entity Name: FORCE GOLF, INC.

Current Principal Place of Business:

6600 106TH ST
SUITE 5
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

6600 106TH ST
SUITE 5
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-1495990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, PAMELA
862 HARBOR HILL DR.
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: BLACKBURN, BARRY S
Address: 862 HARBOR HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TSD () Delete
Name: BLACKBURN, BARRY
Address: 862 HARBOR HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: C () Delete
Name: BLACKBURN, PAMELA C
Address: 862 HARBOR HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V () Delete
Name: LANE, ADAM
Address: 255 DOLPHIN PT., PH #12
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LANE, ADAM
Address: 51 ISLAND WAY APT 210
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BLACKBURN

C

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date