


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90007 015 \*\*\*150.00

<b>DOCUMENT # P01000037396</b>	
1. Entity Name <b>TIKI ISLAND ADVENTURE GOLF, INC.</b>	

Principal Place of Business <b>7460 INTERNATIONAL DR ORLANDO FL 32804</b>	Mailing Address <b>Alex Halberstadt 1110 SW Ivanhoe Blvd. Apt. 23 Orlando, FL 32804</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Alex Halberstadt 1110 SW Ivanhoe Blvd. Apt. 23 Orlando, FL 32804
City & State	
Zip	Country



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent <b>FRIED, MITCHELL I ESQ 238 N. WESTMONTE DR., STE. 240 ALTAMONTE SPRINGS FL 32714</b> <i>DELETE</i>		7. Name and Address of New Registered Agent Name Street Ad 1110 SW Ivanhoe Blvd. Apt. 23 Orlando, FL 32804 City <b>FL</b> 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 *Alex Halberstadt* DATE *8/23/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALBERSTADT, ALEX E 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOTTERSHEAD, CRAIG 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LEE R 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>PATTI CAREY</i> <i>1110 W IVANHOE BLV #23</i> <i>ORLANDO FL 32804</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Halberstadt*  Alex Halberstadt  
1110 SW Ivanhoe Blvd. Apt. 23  
Orlando, FL 32804  
DATE: *8/23/04* 422.2999  
Daytime Phone #