


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90980 021 ***150.00

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| DOCUMENT # P01000054782 |  |
| 1. Entity Name GANDY DRIVING RANGE AND LEARNING CENTERS, INC. | |

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| Principal Place of Business 10525 GANDY BLVD SAINT PETERSBURG, FL 33702 | Mailing Address 1611 W. PLATT ST. TAMPA, FL 33606 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 502 N. ARMENIA AVE. Suite, Apt. #, etc. |
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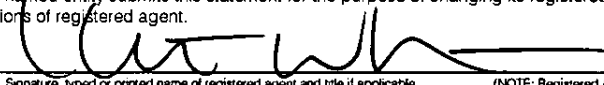
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| City & State TAMPA FL | City & State TAMPA FL |
| Zip 33609 | Country USA |

04192005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3714687 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

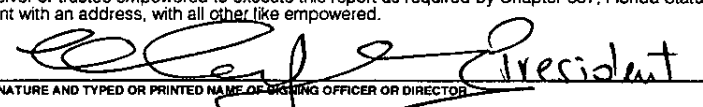
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| 6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 W. PLATT ST. TAMPA, FL 33606 | |
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| 7. Name and Address of New Registered Agent KEITH W. KOEHLER Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609 | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent. | Signature  Signature, typed or printed name of registered agent and title if applicable. | DATE 4/20/05 (NOTE: Registered Agent signature required when reinstating) |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GULUZIAN, ARAM 2101 W. PALTT ST., STE. 200 TAMPA, FL 33606 <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 |
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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 4/27/05 813 810-9007 Daytime Phone # |