2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000056401

1. Entity Name
GOLF BALLS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11246 DISTRIBUTION AVE E UNIT B JACKSONVILLE, FL 32256	11246 DISTRIBUTION AVE E UNIT B JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

03012007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1109696
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAHODIK, MARITZA
14486 CHESHAM CT
JACKSONVILLE, FL 32258

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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 _____ DATE
Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LAHODIK, SCOTT
STREET ADDRESS	14486 CHESHAM CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VTS
NAME	LAHODIKS, MARITZA R
STREET ADDRESS	14486 CHESHAM CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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08/29/07-80003-002 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Scott Lahodik 10 AUG 07 904-566-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #