## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 19, 2008 08:00 A

ANNUAL REPURI				_	Mar 19, 2000 00:00
DOCUMENT # P01000064212  1. Entity Name GREATER GOLF, INC.				Secretary of State	
4101 COLON	te of Business NIAL BLVD 5, FL 33912	Mailing Address 4101 COLONIAL BLVD FORT MYERS, FL 33912			II ROLET INDIN BOYIN DEVIN DONIN DEVIR DININ DEVIR NODE INDIX INDIX INDIANE IN DEVI
C	OO NOT WRITE		CE	03112008  4. FEI Numb 65-110	
	6. Name and Address of Current Re BRIAN CHWOOD TRAIL IS, FL 33919	gistered Agent			NOT WRITE THIS SPACE
8. The above named entry submits this statement for the purpose of changing its registered office the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of legislered agent and little if applicable (NOTE: Registered Agent signature).					3-17-08
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees	
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERSKI, BRIAN 5757 BEECHWOOD TR FORT MYERS, FL 33919 VP WALDEN, JASON 3753 WINKLER AVE FORT MYERS, FL 33916	RECTORS			U00000863115 04/03/08-80079-007 150.00
TITLE NAME VERATTI, TOM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08

239-936-7977 Daylume Phone #