

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116632

FILED
Mar 08, 2004
Secretary of State

Entity Name: PROPLUS GOLF SERVICES, INC.

Current Principal Place of Business:

149 COUNTY LINE RD
PO BOX 337
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

PO BOX 337
BOWLING GREEN, FL 33834

New Mailing Address:

FEI Number: 26-0004390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYLE, MARTHA B
4205 SR 546
HAINES CITY, FL 33844

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: P () Delete
Name: LYLE, MARTHA B
Address: 4205 SR 546
City-St-Zip: HAINES CITY, FL 33844

Title: VP () Delete
Name: LYLE, CHARLES C
Address: 935 15TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: ST () Delete
Name: LYLE-STENICO, LESLIE A
Address: 415 TECUMSEH AVE
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LYLE, CHRISTINA C
Address: 935 15TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: ST (X) Change () Addition
Name: LYLE-STENICO, LESLEY A
Address: 505 N LANIER AVE
City-St-Zip: FORT MEADE, FL 33841

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: LESLEY A LYLE-STENICO

ST

03/08/2004

Electronic Signature of Signing Officer or Director

Date