

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116632

Entity Name: PROPLUS GOLF SERVICES, INC.

FILED  
Feb 23, 2009  
Secretary of State

## Current Principal Place of Business:

149 COUNTY LINE RD E  
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  
65700 OVERSEAS HWY  
LONG KEY, FL 33001 US

## Name and Address of New Registered Agent:

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

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:

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LYLE, MARTHA B  
Address: P O BOX 955  
City-St-Zip: LONG KEY, FL 33001

Title: VP ( ) Delete  
Name: DRISKELL, RICKEY T  
Address: 306 RIVERSIDE DR.  
City-St-Zip: WAUCHULA, FL 33873

Title: ST ( ) Delete  
Name: LYLE, CHRISTINA C  
Address: 610 TURNBERRY CT  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LYLE, MARTHA B  
Address: 4205 SE 546  
City-St-Zip: HAINES CITY, FL 33844

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICKEY T. DRISKELL

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date