


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000021589	
1. Entity Name TROON PUERTO RICO, INC.	

Principal Place of Business 15044 N. SCOTTSDALE RD., STE. 300 SCOTTSDALE, AZ 85254	Mailing Address 15044 N. SCOTTSDALE RD., STE. 300 SCOTTSDALE, AZ 85254
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0994996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS SCHANTZ, TIMOTHY S 15044 N. SCOTTSDALE RD., STE. 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO GARMANY, DANA R 15044 N. SCOTTSDALE RD., STE. 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HINTON, HUD 15044 N. SCOTTSDALE RD., STE. 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO TRUEBLOOD, RICHARD L 15044 N. SCOTTSDALE RD., STE. 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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U000000025981
02/02/04-80127-006 150.00

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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: TIMOTHY S. SCHANTZ 1-27-04 480-606-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #