
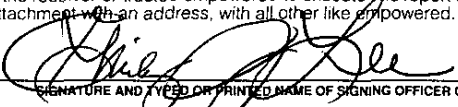


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90027 002 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # P02000052371 1. Entity Name ASHWORTH GROUP, INC. | |  | |
| Principal Place of Business 2424 MADRID AVENUE SAFETY HARBOR FL 34695 | | Mailing Address PO BOX 103 SAFETY HARBOR FL 34695 | |
| 2. Principal Place of Business 3066 LANDMARK BLVD. Suite, Apt. #, etc. Suite 1305 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State PALM HARBOR, FL. | | City & State | |
| Zip 34684 | | Country USA | |
| 4. FEI Number 01-0687359 | | 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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD LEE, EMILY J 2424 MADRID AVENUE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD LEE, WILLIAM F 2424 MADRID AVENUE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JVD WILLIAM S. LEE 3066 LANDMARK BLVD. S. 1305 PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, KRISTEN 2424 MADRID AVENUE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRISTEN LEE 3066 LANDMARK BLVD. S. 1305 PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, ROBERT 2424 MADRID AVENUE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERT LEE 3066 LANDMARK BLVD. S. 1305 PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAGLEY, KRISTA 2424 MADRID AVENUE SAFETY HARBOR FL 34695 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRISTA BAGLEY 3066 LANDMARK BLVD. S. 1305 PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | 3/7/04 (727) 781-3656 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |