

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067978

Entity Name: KS GOLF, INC.

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

206 N HALIFAX DR
ORMOND BCH, FL 32176

New Principal Place of Business:

33 LAKEBLUFF DRIVE
ORMOND BCH, FL 32174

Current Mailing Address:

206 N HALIFAX DR
ORMOND BCH, FL 32176

New Mailing Address:

33 LAKEBLUFF DRIVE
ORMOND BCH, FL 32174

FEI Number: 27-0055792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARLEY SR., DAVID CPA
4887 BELFORT RD, SUITE 201
JACKSONVILLE, FL 32256 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STATON, KENNETH
Address: 206 N. HALIFAX DR.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STATON, KENNETH
Address: 33 LAKEBLUFF DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: KENNETH H STATON

P

07/08/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date