

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000074575

Entity Name: BENEFITGOLF, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4930 AUGUSTA AVENUE  
OLDSMAR, FL 34677

## **New Principal Place of Business:**

4930 AUGUSTA AVENUE  
OLDSMAR, FL 34677 UN

## **Current Mailing Address:**

4930 AUGUSTA AVENUE  
OLDSMAR, FL 34677

## **New Mailing Address:**

FEI Number: 56-2282565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LEVINE, KEN  
4930 AUGUSTA AVENUE  
OLDSMAR, FL 34677 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

## **OFFICERS AND DIRECTORS:**

Title: P/VP  
Name: LEVINE, KEN  
Address: 4930 AUGUSTA AVENUE  
City-St-Zip: OLDSMAR, FL 34677

Title: S/T  
Name: LEVINE, REGINA B  
Address: 4930 AUGUSTA AVE  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: REGINA B LEVINE

S/T

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date