...2604 FOR PROFIT CORPORATION _ANNUAL REPORT

DOCUMENT # P02000105515

1. Entity Name MCCLANAN GOLF INSTRUCTIONS INC.

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

Principal Place of Business

PO BOX 1067

CRYSTAL BCH, FL 34681

Mailing Address

PO BOX 1067

CRYSTAL BCH, FL 34681



01302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3246877 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCCLANAN MASER, PATRICIA 884 POINT SEASIDE DR CRYSTAL BCH, FL 34681

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the priors of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of Florida. I am | familiar with, and accept |
|--|--|---|---|---|--|---|
| SIGNATURE. | | | | | | |
|) Jianga (dita | Signature, typed or printed name of registered agent and title | if applicable, (NOTE, Registered | Agent signature | required when reinstating) | DATE | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution, | | | cing 🔲 | \$5.00 May Be Added to Fees | U0000002695 02/03/04-80028 | 9 -021 150.00 |
| 10. | OFFICERS AND DIREC | OTÒR\$ | | | - Administration of the second | |
| TRILE NAME STREET ADDRESS CRY+ST-ZIP | D MCLANAN MASER, PATRICIA PO BOX 1067 CRYSTAL BCH, FL 34681 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITI | E |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE | • |
| title Name Street address City-St-Zip | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | t et a |
| 12. I hereby of indicated of the corchanged, | ertify that the information supplied with this fi on this report of supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | ling does not qualify for the exer and accurate and that my signals d to execute this report as required other like empowered. | nption state ure shall haved ed by Chap | d in Section 119.07(3) we the same legal effe- ter 607, Florida Statute | (f), Florida Statutes, I further cer of as if made under oath; that I as; and that my name appears i | rtify that the information am an officer or director in Block 10 or Block 11 if |