# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005 8:00 am**
**Secretary of State**
04-29-2005 90182 017 ***150.00

**50044826**

03222005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000105515

1. Entity Name
MCCLANAN GOLF INSTRUCTIONS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 1067<br>CRYSTAL BCH, FL 34681 | PO BOX 1067<br>CRYSTAL BCH, FL 34681 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 100 OAKMONT LANE | |
| Suite, Apt. #, etc. #307 | Suite, Apt. #, etc. |
| City & State CLEARWATER FL 33756 | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3246877 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCCLANAN MASER, PATRICIA<br>884 POINT SEASIDE DR<br>CRYSTAL BCH, FL 34681 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 100 OAKMONT LANE #307<br>City CLEARWATER FL Zip Code 33756 |

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 _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>MCLANAN MASER, PATRICIA<br>PO BOX 1067<br>CRYSTAL BCH, FL 34681 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☒ Change ☐ Addition<br>100 OAKMONT LANE #307<br>CLEARWATER FL 33756 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |
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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:** _____ (Patricia McClanan Maser) April 24, 05 727-480-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #