2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name
MCCLANAN GOLF INSTRUCTIONS INC.

Principal Place of Business	Mailing Address
PO BOX 1067 CRYSTAL BCH, FL 34681	PO BOX 1067 CRYSTAL BCH, FL 34681

03222005 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 100 OAKMONT LANE #307

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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MCLANAN MASER, PATRICIA	NAME	
STREET ADDRESS	PO BOX 1067	STREET ADDRESS	100 OAKMONT LANE #307
CITY ST ZIP	CRYSTAL BCH, FL 34681	CITY-ST-ZIP	Clearwater Fl 33756
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #