

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128996

FILED
Apr 30, 2004
Secretary of State

Entity Name: TM GOLF ORTHOTICS, INC.

Current Principal Place of Business:

527 N.W. 35TH TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

2901 SW 41 ST
206
OCALA, FL 34474

Current Mailing Address:

527 N.W. 35TH TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

2901 SW 41 ST
206
OCALA, FL 34474

FEI Number: 57-1145103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWERY, TOM
527 N.W. 35TH TERRACE
GAINESVILLE, FL 32607

Name and Address of New Registered Agent:

MOWERY, TOM
2901 SW 41 ST
206
OCALA, FL 34474

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

04/30/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOWERY, TOM
Address: 527 N.W. 35TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOWERY, TOM
Address: 2901 SW 41 ST #206
City-St-Zip: OCALA, FL 34474

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: TOM MOWERY

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date