2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED APT 02, 2004 8:00 am Secretary of State

| AITHORE REPORT | | | | | | | ur, v | ,, ,,,, | uic |
|---|--|---|--|---|--|--|----------------------------------|-------------------------|---------------------------|
| DOCUMENT # P03000091946 1. Entity Name BIG T'S GOLF SHOP INC. | | | | | | 04-02-2004 | 4 900 6 1 0- | 48 ***15 | 0.00 |
| Principal Place of Business Mailing Address | | | | · | 7 | | | | |
| 2651 N. FOREST RIDGE BLVD. HERNANDO, FL 34442 | | 2651 N. FOREST RIDGE BLVD. HERNANDO, FL 34442 | | | 24033225 | | | | |
| | | • | | | L 18871886 116 8 | area com anis anco ^r io) | in để nữ Toraic nac | h řem mana am | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03202004 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | City & State | | | 4. FEI Number | 583797 | | _ <u> </u> | plied For t Applicable |
| Zip | Country | Zip | Country | | | f Status Desired | | 8.75 Add ee Required | |
| | 6. Name and Address of Current | - 2 | 7. Name and | Address of New F | Registered A | gent | <u> </u> | | |
| | | | | | | | | | |
| SUAREZ, TROY E 2651 N. FORESR RIDGE BLVD. HERNANDO, FL 34442 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | |
| | | | | City | | | FL | Zip Code |) |
| 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. (NO | IE: Registere | ed Agent signature require | ed when reinstating) | | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 | 9. Election Campa Trust Fund Con | | | 5.00 May Be ded to Fees | _ | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | FICERS AND | DIRECTORS | 5 IN 11 |
| TITLE | D | ☐ Delete | TITL | £ | | | | ☐ Change | Addition |
| NAME | SUAREZ, TROY E | | NAM | NE . | | | | | |
| STREET ADDRESS | 2651 N. FORESR RIDGE BLVD. | | STR | e e t address | | | | | ľ |
| CITY-\$T-ZIP | HERNANDO, FL 34442 | | CITY | (-ST-ZIP | | | _ | • | _ |
| TITLE | D | ☐ Delete | TITL | E | | | | Change | Addition |
| NAME | SUAREZ, LYNN M | | NAM | 1E | | | | | į |
| STREET ADDRESS | 2651 N. FORESR RIDGE BLVD. | | STR | EET ADDRESS | | | | | ļ |
| CITY-ST-7IP | HERNANDO, FL 34442 | | CITY | /-ST-7IP | | | | | اً_ |
| TITL€ | | Delete | TITL | £ | | | | ☐ Change | ☐ Addition |
| -NAME | | | NAM | | - | | | | [|
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS (-ST-ZIP | | | | | |
| | | | | | | | | | |
| TITLE NAME | | ☐ Delete | IIIL | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | AAN ate | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | r-st-zip | | | | | |
| TITLE | | ☐ Delete | TITL | | | | | ☐ Change | Addition |
| NAME | | ☐ Delete | NAN | | | | | Change | L. Addition |
| STREET ADDRESS | | | | EET ADDRESS | | | | | . |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | . : |
| TITLE | | ☐ Delete | TITL | E | | | | ☐ Change | Addition |
| NAME | • | | NAN | AE . | | | | - | |
| STREET ADDRESS | 1 | • | | EET ADDRESS | - | | | | |
| CITY-ST-ZIP | | | CIT | Y-ST-ZIP | | | | | |
| 12. hereby indicated | certify that the information supplied with on this report or supplemental report is | this filing does not qualify for true and accurate and that | or the exe | emption stated in S ature shall have the | Section 119.07(3)(i same legal effect |), Florida Statutes. as if made under | I further cert oath; that I a | ify that the ir | nformation or director |

12. Thereby certify that the information supplied will this litting does not quality for the exemption stated in Section 1.907(3)(f), Florida statutes. 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 1 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 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TREED IN PRINTED NAME OF SIGNING

3-23-04

352-527-7955

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