


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90019 006 ***150.00

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| DOCUMENT # P03000102954 | | | |  | |
| 1. Entity Name R.P.D. GOLF INC. | | | | | |
| Principal Place of Business 11438 CLAYMONT CIRCLE WINDERMERE, FL 34786 | | | Mailing Address 11438 CLAYMONT CIRCLE WINDERMERE, FL 34786 | | |
| 2. Principal Place of Business 153 NAUTICA MILE DR CLERMONT FL. | | 3. Mailing Address 153 NAUTICA MILE DR CLERMONT FL. | | 07132004 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. CLERMONT FL. | | Suite, Apt. #, etc. CLERMONT FL. | | | |
| City & State CLERMONT FL. | | City & State CLERMONT FL. | | 4. FEI Number 26-0071548 | |
| Zip 34711 | | Country LAKE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANK DENNIS R 11438 CLAYMONT CIRCLE WINDERMERE, FL 34786 | | | 7. Name and Address of New Registered Agent Name: FRANK R. DENNIS Street Address (P.O. Box Number is Not Acceptable) 153 NAUTICA MILE DR CLERMONT City: CLERMONT FL Zip Code: 34711 | | |
| 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: <i>Frank R. Dennis</i> DATE: 7-23-04 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DENNIS, FRANK R 11438 CLAYMONT CIRCLE WINDERMERE, FL 34786 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRANK R. DENNIS 153 NAUTICA MILE DR CLERMONT FL. 34711 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DENNIS, CONNIE M 11438 CLAYMONT CIRCLE WINDERMERE, FL 34786 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CONNIE M. DENNIS 153 NAUTICA MILE DR CLERMONT FL. 34711 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frank R. Dennis</i> FRANK R. DENNIS | | | 7-23-04 352-394-4427 Date Daytime Phone # | | |

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