2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109077

WEITSON, HAROLD

LEHIGH ACRES, FL 33971

5317 27TH ST SW

Name:

Address:

City-St-Zip:

FILED Aug 23, 2004 Secretary of State

Entity Name: GOLF RENTAL SERVICES INC **Current Principal Place of Business: New Principal Place of Business:** 24065 WHIP-O-WILL LN BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** 24065 WHIP-O-WILL LN BONITA SPRINGS, FL 34135 FEI Number: 13-4268320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEYDOLPH, SCOTT A 24065 WHIP-O-WILL LN BONITA SPRINGS, FL 34135 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HEYDOLPH, SCOTT Name: Name: 24065 WHIP-O-WILL LN Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: Title: () Delete (X) Change () Addition HEYDOLPH, SCOTT BRANCA, JAMES Name: Name: 2809 SW 36TH TERR 24065 WHIP-O-WILL LN Address: Address: BONITA SPRINGS, FL 34135 City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: (X) Change () Addition () Delete Title: HEYDOLPH, WENDL HEYDOLPH, WENDI Name: Name: 24065 WHIP-O-WILL LN 24065 WHIP-O-WILL LN Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

HEYDOLPH, WENDI

24065 WHIP-O-WILL LANE

BONITA SPRINGS, FL 34135

SIGNATURE: SCOTT HEYDOLPH P 08/23/2004