


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

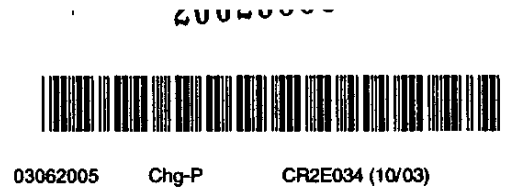
04-12-2005 90153 042 ***150.00

DOCUMENT # P03000133513
 1. Entity Name
 NORTH FLORIDA GOLF BALL COMPANY, INC.



Principal Place of Business: 815 BEACH BLVD, 34, JACKSONVILLE BEACH, FL 32250
 Mailing Address: 815 BEACH BLVD, 34, JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business: 815 BEACH BLVD., SUITE 4, JACKSONVILLE BEACH, FL
 3. Mailing Address: 815 BEACH BLVD., SUITE 4, JACKSONVILLE BEACH, FL
 City & State: JACKSONVILLE BEACH, FL
 Zip: 32250 Country: FLORIDA



6. Name and Address of Current Registered Agent
 LEE, JUNG M
 815 BEACH BLVD # 4
 JACKSONVILLE BEACH, FL 32250

4. FEI Number: 20-0417983 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 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: *Jung M. Lee* JUNG M. LEE 4-11-05
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 NAME STREET ADDRESS CITY-ST-ZIP	D LEE, YU M 815 BEACH BLVD., STE. 4 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JUNG M 815 BEACH BLVD., STE. 4 JACKSONVILLE BEACH, FL 32250 <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: *Jung M. Lee* JUNG M. LEE 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #