

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**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**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-0417983** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEE, JUNG M  
815 BEACH BLVD  
# 4  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000512244  
04/29/06-80079-024 150.00**

10.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEE, YU M  
815 BEACH BLVD., STE. 4  
JACKSONVILLE BEACH, FL 32250**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEE, JUNG M  
815 BEACH BLVD., STE. 4  
JACKSONVILLE BEACH, FL 32250**

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUNG LEE 4-15-06**

Date

Daytime Phone #