


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000146975</b> 1. Entity Name TOTAL GOLF AMERICA, INC.	
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Principal Place of Business 82 NEVADA LOOP ROAD DAVENPORT, FL 33897 US	Mailing Address 82 NEVADA LOOP ROAD DAVENPORT, FL 33897 US
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06282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1686294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEE, DAVID 82 NEVADA LOOP ROAD DAVENPORT, FL 33897
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**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:  6/28/05  
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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T KIM, SUN I 82 NEVADA LOOP ROAD DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S LEE, DAVID 82 NEVADA LOOP ROAD DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, SUN I 82 NEVADA LOOP ROAD DAVENPORT, FL 33897
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07/01/05-80007-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  6/28/05 31-211-6004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #