


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/1

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-17-2007 90049 034 ***150.00

DOCUMENT # P04000017557 1. Entity Name TATUM GOLF ENTERPRISES, INC.	
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Principal Place of Business 22796 CR 200A LAWTEY, FL 32058	Mailing Address P.O. DRAWER A LAWTEY, FL 32058
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0722607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TATUM, SYLVIA
22796 CR 200A
LAWTEY, FL 32058**

**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, 2007 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATUM, CHARLES W 22796 CR 200A LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TATUM, THOMAS W JR. 22796 CR 200A LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TATUM, SYLVIA 22796 CR 200A LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TATUM, LINDA 22796 CR 200A LAWTEY, FL 32058
TITLE NAME STREET ADDRESS 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

2/09/07 (904) 782-3696
Date Daytime Phone #