

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4 **FILED**
Apr 22, 2005 8:00 am
Secretary of State

04-08-2005 90075 050 ***150.00

DOCUMENT # P04000065706 1. Entity Name THE GOLF GUYS, INC.					
Principal Place of Business 6071 TIDEWATER ISLAND CIRCLE FORT MYERS, FL 33908			Mailing Address 6071 TIDEWATER ISLAND CIRCLE FORT MYERS, FL 33908		
2. Principal Place of Business 24181 S. Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 24181 S. Tamiami Trail Suite, Apt. #, etc.			
City & State Bonita Springs FL		City & State Bonita Springs FL		4. FEI Number 593503178	
Zip 34134		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, FRANCIS L 6071 TIDEWATER ISLAND CIRCLE FORT MYERS, FL 33908			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 _____ (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. <input type="checkbox"/> \$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	PD BAILEY, FRANCIS L 6071 TIDEWATER ISLAND CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSWAY, THOMAS 21248 BRAXFIELD LOOP ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>FRAN L BAILEY</u> FRAN L BAILEY 4/3/05 (239)948-9840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					