
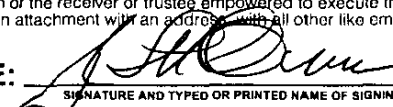


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90028 024 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P04000131389 1. Entity Name GULF TO GOLF PROPERTIES, INC. | | | |  | |
| Principal Place of Business 29296 US HWY 19 N 203 CLEARWATER, FL 33761 | | | Mailing Address 2825 MEADOW OAK DRIVE E CLEARWATER, FL 33761 | | |
| 2. Principal Place of Business - No P.O. Box # 2825 MEADOW OAK DR. E. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State CLEARWATER FL | | City & State | | | |
| Zip 33761 | | Country USA | | 4. FEI Number 51-0523762 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MCGRAW, JOHN T 2825 MEADOW OAK DRIVE E CLEARWATER, FL 33761 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | D <input type="checkbox"/> Delete MCGRAW, JOHN T 2825 MEADOW OAK DRIVE E CLEARWATER, FL 33761 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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:  JOHN MCGRAW, DIRECTOR 1/26/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Davtime Phone #</small> | | | | | |