


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90149 008 \*\*\*150.00

DOCUMENT # P04000158197	
1. Entity Name CECE'S GOLF SHOP, INC	

Principal Place of Business 14601 GREEN VALLEY BLVD CLERMONT, FL 34711	Mailing Address 14601 GREEN VALLEY BLVD CLERMONT, FL 34711
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**DO NOT WRITE IN THIS SPACE**



05112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2517484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLOTZ, SEAN S  
~~34704 MIDSCUO DRIVE~~ 810 BLACK KNIGHT DRIVE  
~~RIOS MANOR, FL 33593~~ VALERIO, FL 33594

**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 Sean S. Klotz, owner SEAN S. KLOTZ 5/26/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOTZ, SEAN S <del>34704 MIDSCUO DRIVE</del> 810 BLACK KNIGHT DR. <del>RIOS MANOR, FL 33593</del> VALERIO, FL 33594
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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: Sean S. Klotz SEAN S. KLOTZ 5/26/06 (352) 394-2133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #