

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90011 006 ***150.00

**FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000172480

1. Entity Name
FLGOLF, INC.



Principal Place of Business
14535 S US HWY 441
SUMMERFIELD, FL 34491

Mailing Address
POB 830
SUMMERFIELD, FL 34492

40029921



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-2086767

Applc

Not Apl

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMER, CHARLES A
12400 SE 126TH CT
OCKLAWAHA, FL 32179

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete D WOMER, CHARLES A 12400 SE 126TH CT OCKLAWAHA, FL 321794851	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP
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I 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 in 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 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 of this report.

RE: Charles A. Womer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/08
Date
Daytime Phone #