2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000172480

Entity Name: FLGOLF, INC.

FILED Jul 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

723 S 14TH STREET LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

PO BOX 490818 723 S 14TH STREET LEESBURG, FL 34749 US LEESBURG, FL 34748

FEI Number: 20-2086767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, DELPHIA D

12400 SE 126TH CT

OCKLAWAHA, FL 32179 US

SPRINGSTEAD, KATHARINE T
723 SOUTH 14TH STREET
LEESBURG, FL 34748 US

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.

SIGNATURE: KATHARINE T. SPRINGSTEAD 07/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WOMER, CHARLES A SPRINGSTEAD, KATHARINE T Name: Name: 12400 SE 126TH CT 723 SOUTH 14TH STREET Address: Address: LEESBURG, FL 34748 City-St-Zip: OCKLAWAHA, FL 321794851 City-St-Zip:

Title: D () Delete Title: DVS (X) Change () Addition Name: LEE, DELPHIA L Name: SPRINGSTEAD, DAVID W

 Address:
 12400 SE 126TH CT
 Address:
 723 SOUTH 14TH STREET

 City-St-Zip:
 OCKLAWAHA, FL 321794851
 City-St-Zip:
 LEESBURG, FL 34748

Title: D (X) Delete Title: () Change () Addition

 Name:
 SPRINGSTEAD, KATHARINE T
 Name:

 Address:
 305 LAKE SHORE DRIVE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHARINE T. SPRINGSTEAD P 07/08/2009