

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90228 027 \*\*\*150.00

**DOCUMENT # P05000043516**

1. Entity Name  
**GOLF CONSULTANTS, INC.**



Principal Place of Business

2813 S. HIAWASSEE RD.  
SUITE 202  
ORLANDO, FL 32835

Mailing Address

2813 S. HIAWASSEE RD.  
SUITE 202  
ORLANDO, FL 32835

**50016699**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2553694

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

VOSE, WADE C  
527 WEKIVA COMMONS CIRCLE  
APOPKA, FL 32712

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME TOTERA, ERIK  
STREET ADDRESS 688 W. MINNEOLA AVE.  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VP ☐ Delete  
NAME ROACH, GREG  
STREET ADDRESS 121 TIMBER LANE  
CITY-ST-ZIP JUPITER, FL 33458

TITLE TS ☐ Delete  
NAME WILSON, DAVID  
STREET ADDRESS 2553 STONEVIEW RD.  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 219 ELMORCANE  
STREET ADDRESS TAMMASEP, SC 29686  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*David J. Wilson* DAVID J. WILSON

4/24/06 407.298.8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #