2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# P05000062635

Entity Name: GOLFERS FANTASY, INC.

Current Principal Place of Business:

13014 N DALE MABRY, STE 195
TAMPA, FL 33618

New Principal Place of Business:

3825 SOUTH LAKE DRIVE
218
TAMPA, FL 33614

Current Mailing Address:

13014 N DALE MABRY, STE 195
TAMPA, FL 33618

New Mailing Address:

3825 SOUTH LAKE DRIVE
218
TAMPA, FL 33614

FEI Number: 20-0442257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIRONE, FREDERICK S ESQ.
3314 W PARIS ST
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PARKER, A. DONALD
Address: 3825 SOUTH LAKE DR #218
City-St-Zip: TAMPA, FL 33614

Title: STD ( ) Delete
Name: HALLFORD, NANCY
Address: 3825 SOUTH LAKE DR #218
City-St-Zip: TAMPA, FL 33614

Title: CFO ( ) Delete
Name: PIRONE, FREDERICK S
Address: 3314 W PARIS ST
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY E. HALLFORD STD 07/18/2006

Electronic Signature of Signing Officer or Director Date