

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000072102	
1. Entity Name GOLF GPS SYSTEMS II, INC.	

Principal Place of Business 7241 CATALINA ISLE DRIVE LAKE WORTH FL 33467	Mailing Address 7241 CATALINA ISLE DRIVE LAKE WORTH FL 33467
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent MEYER, STEVEN H 2295 NW CORPORATE BLVD SUITE 117 BOCA RATON FL 33431	
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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.

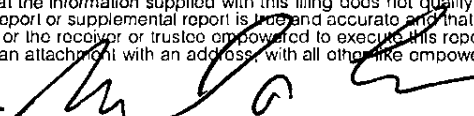
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	EARLY, MILES A
STREET ADDRESS	7241 CATALINA ISLE DRIVE
CITY-STATE-ZIP	LAKE WORTH FL 33467
TITLE	☐ Delete
NAME	RYAN, MONTY
STREET ADDRESS	7241 CATALINA ISLE DRIVE
CITY-STATE-ZIP	LAKE WORTH FL 33467
TITLE	☐ Delete
NAME	GOLDNER, MARK
STREET ADDRESS	10514 NORTHGREEN DRIVE
CITY-STATE-ZIP	WELLINGTON FL 33467
TITLE	☐ Delete
NAME	FITZSIMMONS, TYCE
STREET ADDRESS	1126 GRAND CAY DRIVE
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33418
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	000000636188
CITY-STATE-ZIP	04/17/07-80091-003 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4-7-07 561-723-1277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #