

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**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**



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0675140**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MEYER, STEVEN H  
2295 NW CORPORATE BLVD SUITE 117  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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

000000855732  
03/27/08-80063-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	EARLY, MILES A
STREET ADDRESS	7241 CATALINA ISLE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	RYAN, MONTY
STREET ADDRESS	7241 CATALINA ISLE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	GOLDNER, MARK
STREET ADDRESS	10514 NORTHGREEN DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	D
NAME	FITZSIMMONS, TYCE
STREET ADDRESS	1126 GRAND CAY DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_