

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000142739

Entity Name: MALLARD GOLF ,INC.

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6601 LYONS RD, SUITE D3  
COCONUT CREEK, L 33073 US

**New Principal Place of Business:**

6601 LYONS RD, SUITE D3  
COCONUT CREEK, FL 33073 US

**Current Mailing Address:**

6601 LYONS RD, SUITE D3  
COCONUT CREEK, L 33073 US

**New Mailing Address:**

6601 LYONS RD, SUITE D3  
COCONUT CREEK, FL 33073 US

FEI Number: 20-3664916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAPMAN, NATALIE  
7737 HIGHLANDS CIRCLE  
MARGATE, FL 33063 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: CHAPMAN, NATALIE  
Address: 7737 HIGHLANDS CIRCLE  
City-St-Zip: MARGATE, FL 33063 US

I hereby 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 all other like empowered.

SIGNATURE: NATALIE CHAPMAN

PVST

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date