

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158245

Entity Name: BNW GOLF SALES, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

14320 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

14320 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-3967675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, MICHAEL
14320 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLSON, MICHAEL
Address: 14320 HAMPSHIRE BAY CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: GEESEY, ROY W SR.
Address: 3043 REO LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: SD () Delete
Name: GEESEY, BRENDA J
Address: 3043 REO LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: NICHOLSON, CHRISTINE
Address: 14320 HAMPSHIRE BAY CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE NICHOLSON

TD

01/11/2008

Electronic Signature of Signing Officer or Director

Date