
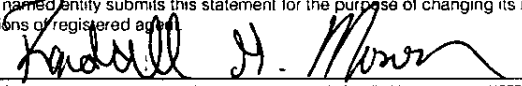
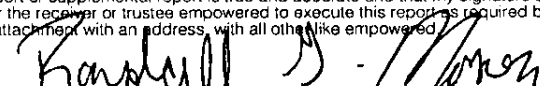


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 007 ***150.00

DOCUMENT # P06000010362																	
1. Entity Name ADVENTURE COVE MINIATURE GOLF INC																	
Principal Place of Business 1425 LAKE VILLA DRIVE TAVARES, FL 32778			Mailing Address 1425 LAKE VILLA DRIVE TAVARES, FL 32778														
2. Principal Place of Business - No P.O. Box # 2720 Bay Lagoon Way		3. Mailing Address 2720 Bay Lagoon Way															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State Tavares, FL		City & State Tavares, FL		4. FEI Number 20-4146507													
Zip 32778		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
Zip 32778		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent MACE, MONTANA 1425 LAKE VILLA DRIVE TAVARES, FL 32778			7. Name and Address of New Registered Agent Name Mason, Randall G. Street Address (P.O. Box Number is Not Acceptable) 2720 Bay Lagoon Way City Tavares FL Zip Code 32778														
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: 				DATE: 3/10/08													
(NOTE: Registered Agent signature required when reinstating)																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees														
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">P MACE, MONTANA 1425 LAKE VILLA DRIVE TAVARES, FL 32778</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">VP MASON, RANDALL G 1425 LAKE VILLA DRIVE TAVARES, FL 32778</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> </table>					P MACE, MONTANA 1425 LAKE VILLA DRIVE TAVARES, FL 32778	<input type="checkbox"/> Delete	VP MASON, RANDALL G 1425 LAKE VILLA DRIVE TAVARES, FL 32778	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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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: 				Date: 3-10-08													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	