2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000116769

1. Entity Name
GOLF FITNESS LINKS INC.

Principal Place of Business	Mailing Address
10733 SAN TROPEZ CIRCLE ESTERO, FL 33928	10733 SAN TROPEZ CIRCLE ESTERO, FL 33928

01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3790156
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BETLACH, MICHAEL
430 CYPRESS WAY EAST
NAPLES, FL 34110

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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
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **$5.00** May Be Added to Fees

U00000903499
04/30/08--80048-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'AMICO, JOHN
STREET ADDRESS	10733 SAN TROPEZ CIRCLE
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	BETLACH, MICHAEL
STREET ADDRESS	430 CYPRESS WAY EAST
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	SENKARIK, RYAN
STREET ADDRESS	1260 OXFORD LANE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: X _____ Michael Betlach X 239-596-8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #