

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125901

Entity Name: EZ CURE GOLF INC.

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

248 ALT 19 N  
SUITE#A  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

248 ALT 19 N  
SUITE#A  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 26-1457722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAURO, ED  
248 ALT 19 N  
SUITE #A  
PALM HARBOR, FL 34683 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: P  
Name: MAURO, ED  
Address: 248 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

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: ED MAURO

PRES

02/15/2012

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

\_\_\_\_\_  
Date