


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000002267**  
 1. Entity Name  
 FLORIDA GOLF LEARNING CENTERS, INC.



Principal Place of Business      Mailing Address  
 320 W MITCHELL HAMMOCK      320 W MITCHELL HAMMOCK  
 OVIEDO, FL 32765                  OVIEDO, FL 32765

**DO NOT WRITE IN THIS SPACE**



01062005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 36-3842607      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution            \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, RICHARD
STREET ADDRESS	9120 SLOANE ST
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000333938  
 04/27/05-80025-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/19/05      Daytime Phone #: 4072518803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR