2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000014801

1. Entity Name
PALM BEACH MINI GOLF INC.

FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6585 S. MILITARY TRAIL LAKE WORTH, FL 33463 US	3855 JONATHAN'S WAY BOYNTON BEACH, FL 33436-5624 US

01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOSER, GERALD R
3855 JONATHAN'S WAY
~~BOYNTON BEACH, FL 33436 5624~~

pd 158.75 #1876 1-12-04

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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, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	DOSER, GERALD R
STREET ADDRESS	3855 JONATHAN'S WAY
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	DOSER, INESSA
STREET ADDRESS	3855 JONATHAN"S WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
~~STREET ADDRESS~~	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80071-020 158.75

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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: Gerald R. Doser GERALD R. DOSER 1-12-04 561-968-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #