


2004 FOR PROFIT CORPORATION ANNUAL REPORT

*This is
LATE due to
the storms*

04 NOV - 9 AM 8:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

DOCUMENT # P93000031722					
1. Entity Name NINETEENTH HOLE, INC.					
Principal Place of Business 6196 S.FEDERAL HWY. STUART, FL 34996			Mailing Address 7557 SE PELICAN WAY HOBE SOUND, FL 33455		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3178413	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURNS, RICHARD J 7557 S.E. PELICAN WAY HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent REINSTATEMENT 04	
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.				City FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BURNS, RICHARD J 7557 SE PELICAN WAY HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042608053 11/03/04--01075--025 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BURNS, STEPHEN R 8 APPETREE LN WILMINGTON, MA 01887	<input checked="" type="checkbox"/> Delete	TITLE M NAME STREET ADDRESS CITY-ST-ZIP	SHARNA L BURNS 6498 SE WINDSONG LN STUART FL. 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, MICHAEL J 37 CLIFFE AVE LEXINGTON, MA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURNS GALLAGHER, LESLIE 118 PRAIRIE MEADOW CT SAINT CHARLES, MO 63304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC BURNS, ARLINE A 37 CLIFFE AVE LEXINGTON, MA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 11-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		