

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90333 001 ***150.00

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**

14001200



04152005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3178413

Applied For
☐ Not Applicable

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **DPT** ☐ Delete
NAME **BURNS, RICHARD J**
STREET ADDRESS **7557 SE PELICAN WAY**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **M** ☐ Delete
NAME **BURNS, SHAUNA L**
STREET ADDRESS **6498 SE WINDSONG LN**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VD** ☐ Delete
NAME **BURNS, MICHAEL J**
STREET ADDRESS **37 CLIFFE AVE**
CITY-ST-ZIP **LEXINGTON, MA**

TITLE **C** ☐ Delete
NAME **BURNS GALLAGHER, LESLIE**
STREET ADDRESS **118 PRAIRIE MEADOW CT**
CITY-ST-ZIP **SAINT CHARLES, MO 63304**

TITLE **SC** ☐ Delete
NAME **BURNS, ARLINE A**
STREET ADDRESS **37 CLIFFE AVE.**
CITY-ST-ZIP **LEXINGTON, MA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/23/05