

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000157

FILED
Apr 25, 2006
Secretary of State

Entity Name: LAUDEN GOLF FACTORY OUTLET/CLUBHOUSE, INC.

Current Principal Place of Business:

330 A1A N
#305
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

10950 US 1 N
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 59-3231549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUDENSLAGER, CYNTHIA
2433 S PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPST () Delete
Name: LAUDENSLAGER, CYNTHIA
Address: 2433 S PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BCH, FL

Title: P () Delete
Name: LAUDENSLAGER, JAMES W
Address: 2433 S. PONTE VERDA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA LAUDENSLAGER

VPST

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date