


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90073 013 ***150.00

DOCUMENT # P94000033442			
1. Entity Name GOLFER'S WORLD OF SEBRING, INC.			
Principal Place of Business 430 SEBRING SQUARE SEBRING, FL 33870		Mailing Address 430 SEBRING SQUARE SEBRING, FL 33870	
2. Principal Place of Business 127 Lemon Road NE Suite, Apt. #, etc.		3. Mailing Address 127 Lemon Road NE Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State Lake Placid, FL	
Zip 33852	Country USA	Zip 33852	Country USA

40003000



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0486659		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORMAN, JEFFRY D 430 SEBRING SQUARE SEBRING, FL 33870		Name Jeffry D. Moorman	
		Street Address (P.O. Box Number is Not Acceptable) 127 Lemon Road NE	
		City Lake Placid FL Zip Code 33852	

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 Jeffry D. Moorman JEFFRY D. MOORMAN PRESIDENT 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORMAN, JEFFRY D 127 LEMON RD., N.E. LAKE PLACID, FL 33852 <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	DVTS MOORMAN, BRENDA M 127 LEMON RD., N.E. LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeffry D. Moorman JEFFRY D. MOORMAN 4/28/06 863-465-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #