2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P94000066607 04-23-2007 90065 001 ***150.00 STINE GOLF ENTERPRISES, INC. Principal Place of Business Mailing Address 40012200 204 SOUTH ROSE AVE 204 SOUTH ROSE AVE KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3279796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STINE, THOMAS L 1823 LEE JANZEN DR Singer Arguess (R.O. Box Number is Not Acceptable) KISSIMMEE, FL-34744-8. 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 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THE Change ☐ Addition ☐ Defete TITLE STINE, THOMAS L NAME NAME 3490 HOME TOWN LANE STCLOUD, FL 347 STREET ADDRESS STREET ADDRESS 1023 LEE-JANZEN DR. CITY-ST-ZIP KISSIMMEE. FL 34744 CITY-ST-ZIP Ociete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition nne TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP-CITY-SI-ZIP... Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flore 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 employered 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 il otber like empowered **SIGNATURE:**