


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000056517</b>	
<b>1. Entity Name</b> PERFECT PUTTER COMPANY	

<b>Principal Place of Business</b> 950 SE MONTEREY ROAD STUART, FL 34994 US	<b>Mailing Address</b> 950 SE MONTEREY ROAD STUART, FL 34994 US
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01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0599314	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

COLLINS, CLARK E  
950 SE MONTEREY ROAD  
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> COLLINS, CLARK E
<b>STREET ADDRESS</b> 950 SE MONTEREY ROAD	<b>CITY-ST-ZIP</b> STUART, FL 34994
<b>TITLE</b> ST	<b>NAME</b> RILEY, PATRICK
<b>STREET ADDRESS</b> 22 HUNTLEY DR	<b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33418
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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01/20/04-80063-002 150.00

**DO NOT WRITE IN THIS SPACE**

**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 any other information provided.**

**SIGNATURE:** Clark E. Collins **1/15/04** **772-219-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #