

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077657

Entity Name: SWING-LINE GOLF, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

850 CENTRAL AVE. N.
#104
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

4417 W ALHAMBRA #1
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0611798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX ACCOUNTING & FINANCIAL ASSOC., INC.
809 WALKERBILT RD.
5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

COLLISON, SHANE S
850 CENTRAL AVENUE NORTH
#104
NAPLES, FL 34102 US

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: SHANE S COLLISON

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: COLLISON, SHANE S
Address: 4417 W. ALHAMBRA #1
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: SHANE S COLLISON

DPST

01/06/2009

Electronic Signature of Signing Officer or Director

Date