


2004 FORT FORTY CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90106 041 \*\*\*150.00

<b>DOCUMENT # P95000096842</b>			
1. Entity Name RK GOLF ENTERPRISES, INC.			
Principal Place of Business 5474 W. SAMPLE RD MARGATE, FL 33073 US		Mailing Address 1163 NW 116TH AVE CORAL SPRINGS, FL 33071	
2. Principal Place of Business		3. Mailing Address 5474 W. SAMPLE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MARGATE FL	
City & State		City & State	
Zip	Country	Zip	Country
33073	USA	33073	USA
6. Name and Address of Current Registered Agent WARD, RICHARD G 1163 NW 116TH AVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			



04152004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0627577 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCTD	<input type="checkbox"/> Delete		TITLE	PCTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, RICHARD G			NAME	WARD, RICHARD G		
STREET ADDRESS	1163 NW 116TH AVE			STREET ADDRESS	5474 W. SAMPLE RD		
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP	MARGATE, FL 33073		
TITLE	VSD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, KAREN L.			NAME			
STREET ADDRESS	1163 NW 116TH AVE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, DAVID B.			NAME			
STREET ADDRESS	1163 NW 116TH AVE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

**SIGNATURE:** *Richard G. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RICHARD G. WARD*

Date: 04-20-2004 Daytime Phone #: 954-978-6209