


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000001829	
1. Entity Name T & D GOLF WAREHOUSE INC.	

Principal Place of Business 4205 W.WATERS SUITE B TAMPA, FL 33614	Mailing Address 4205 W.WATERS SUITE B TAMPA, FL 33614
---	---



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3382328	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 CORNELIUS, JUDITH 6707 N HIMES AVE TAMPA, FL 33614
--

**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 registering.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, MARJORIE 12219 TWIN BRANCH ACRES RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, RICHARD 12219 TWIN BRANCH ACRES RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, WILLIAM 12219 TWIN BRANCH ACRES RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, TERRY 12219 TWIN BRANCH ACRES ROAD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000707675
04/24/07-80083-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Marjorie Smith **MARJORIE SMITH** 4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #