

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED****Feb 12, 2004 08:00 AM**  
**Secretary of State****DOCUMENT # P96000020343**1. Entity Name  
**ARISTOCRAT GOLF COMPANY, INC.**

Principal Place of Business

**5711 HARBORAGE DR.  
FT. MYERS, FL 33908**

Mailing Address

**5711 HARBORAGE DR.  
FT. MYERS, FL 33908**

02082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**36-3068218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****HOWELL, JOSEPHINE  
5711 HARBORAGE DR.  
FT. MYERS, FL 33908****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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00****9.** Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOWELL, RONALD
STREET ADDRESS	5711 HARBORGE DR
CITY-ST-ZIP	FT MYERS, FL
TITLE	S
NAME	HOWELL, JOSEPHINE
STREET ADDRESS	5711 HARBORAGE DR
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000049372  
02/13/04-80020-020 150.00**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 all other like empowered.**SIGNATURE:** Josephine Howell **Josephine Howell** 2/9/04 **(239) 437-2472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #