

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000020343

1. Entity Name
ARISTOCRAT GOLF COMPANY, INC.



FILED
Mar 31, 2005 08:00 AM
Secretary of State

Principal Place of Business
**5711 HARBORAGE DR.
FT. MYERS, FL 33908**

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



03292005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, RONALD 5711 HARBORGE DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWELL, JOSEPHINE 5711 HARBORAGE DR FT MYERS, FL
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03/31/05-80012-010 150.00

**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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05
Date

(239) 437-2472
Daytime Phone #