


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90024 024 ***150.00

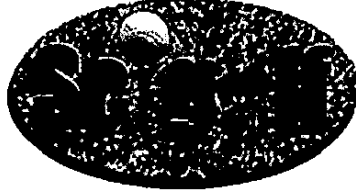
DOCUMENT # P97000033435					
1. Entity Name SCIGOLF.COM COMPANY					
Principal Place of Business 6722 CROWNED EAGLE LANE NAPLES, FL 34113			Mailing Address 6722 CROWNED EAGLE LANE NAPLES, FL 34113		
2. Principal Place of Business 6722 Crowned Eagle Lane Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 59-3440285					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HORTON, DONALD W 6722 CROWNED EAGLE LANE NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6722 CROWNED EAGLE LANE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORTON, DONALD W. 6722 CROWNED EAGLE LANE NAPLES, FL 34113		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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 information.					
SIGNATURE: _____ 7-6-06 (239) 775-8112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40098627

www.scigolf.com

Email: dhorton@scigolf.com



#P97000033435

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

July 6, 2006

To Whom It May Concern:

Enclosed is a check in the amount of \$150 made payable to Florida Department of State.

At this time I respectfully request that you waive the late fee as the original notice was never received. The only notification we received was a post card within the last few days.

Thank you in advance for your consideration.

Best regards,

Donald W. Horton
Treasurer