


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90028 035 \*\*\*150.00

<b>DOCUMENT # P97000035687</b>	
<b>1. Entity Name</b> NIXON'S GOLF SHOP, INC.	

<b>Principal Place of Business</b> 18621 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903 US	<b>Mailing Address</b> 1306 S E 15TH ST CAPE CORAL FL 33990 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
NIXON, JEFFREY B 5590 WOODROSE CT CONDO#2 FORT MYERS FL 33917		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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** \_\_\_\_\_  
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**  
**Make Check Payable to Florida Department of State**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P NIXON, JEFFREY B 5590 WOODROSE CT CONDO # 2 FORT MYERS FL 33917 <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY B NIXON 1763 4 mile Cone Pt Key apt 626 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIXON, DELORIS A 1306 SE 15TH ST CAPE CORAL FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:** *Deloris A Nixon* **DELORIS A NIXON** 3/27/04 239 5748671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #