2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 31, 2005 08:00 AM DOCUMENT # P97000093582 **Secretary of State** 1. Entity Name GOLF PLUS INC. Principal Place of Business Mailing Address 951 HAMILTON PLACE LANE 951 HAMILTON PLACE LANE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 59-3488377 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHUN, TANYA Y Street Address (P.O. Box Number is Not Acceptable) 951 HAMILTON PLACE LANE LAKELAND FL 33813 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 reinstelling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. TITLE DP Delete 7(T) C Change ☐ Addition NAME CHUN, DAVID J NAME U00000204442 951 HAMILTON PLACE LANE STREET ADDRESS STREET ADDRESS 01/31/05-80005-004 150.00 LAKELAND FL 33813 CATA - 21 - 715 CITY - ST - ZIP ☐ Change Addition SDV Delete THILE TITLE CHUN, TANYA Y NAME STREET ADDRESS 951 HAMILTON PLACE LANE STREET ADDRESS CITY - ST - ZIP LAKELAND FL 33813 CULY-SI-ZIP ☐ Change Addition Delete TULLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-26-05 (863)648-047