



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90054 042 ***150.00

DOCUMENT # P97000094898 1. Entity Name PRO GOLF OF FLORIDA, INC.					
Principal Place of Business 823 HAMMOCKWOOD CT. SARASOTA, FL 34232				Mailing Address 823 HAMMOCKWOOD CT. SARASOTA, FL 34232	
2. Principal Place of Business 3836 S. TUTTLE AVE Suite, Apt. #, etc.		3. Mailing Address 3836 S. TUTTLE AVE. Suite, Apt. #, etc.			
City & State SARASOTA, FLA.		City & State SARASOTA, FLA		4. FEI Number 65-0792356	
Zip 34239		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, STEPHEN R 823 HAMMOCKWOOD CT. SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name MEYER, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) 8933 HUNTINGTON POINTE DR. City SARASOTA FL Zip Code 34238	
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: <u><i>Stephen R Meyer</i></u> DATE: <u>3/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00			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	D FAZILAT, MANSOUR 823 HAMMOCKWOOD CT. SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8933 HUNTINGTON POINTE DR. SARASOTA, FLA 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, STEPHEN R 823 HAMMOCKWOOD CT. SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8933 HUNTINGTON POINTE DR SARASOTA, FLA 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Stephen R Meyer</i></u> STEPHEN R. MEYER <u>3/23/05</u> <u>941-966-7854</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					