2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000094898

1. Entity Name

PRO GOLF OF FLORIDA, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3836 S TUTTLE AVE SARASOTA, FL 34239 3836 S TUTTLE AVE SARASOTA, FL 34239



01142007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0792356 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, STEPHEN R 8933 HUNTINGTON POINTE DR SARASOTA, FL 34238

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							Marie Carlo
	named entity submits this statement for the plans of registered agent.	urpose of changing its register	red office or registered	agent, or both, in	the State of Florida.	I am familiar with, and	d accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	ed Agent signature required wh	nen reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		O May Be to Fees	 00000059 01/18/07-80	10404 1057-002 150).00
10.	OFFICERS AND DIREC	TORS	A A Maria A Laboratoria (Cara Cara Cara Cara Cara Cara Cara Ca	ANTO TO THE SERVER.		*****************	9 74.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZILAT, MANSOUR 8933 HUNTINGTON POINTE DR SARASOTA, FL 34238						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, STEPHEN R 8933 HUNTINGTON POINTE DR SARASOTA, FL. 34238						
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TITLE NAME STREET ADDRESS							

12. I hereby carlify 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/15/07

941-966-7592

Daytime Phone #