


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 043 ***150.00

DOCUMENT # P98000009350	
1. Entity Name GOLFERSTUFF, INC.	

Principal Place of Business 2292 COMMERCIAL WAY SPRING HILL, FL 34606	Mailing Address 2292 COMMERCIAL WAY SPRING HILL, FL 34606
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2. Principal Place of Business - No P.O. Box # 14728 County Line Road Suite, Apt. #, etc. SPRING HILL, FL	3. Mailing Address SAME AS LEFT Suite, Apt. #, etc.
City & State 34600 USA	City & State
Zip Country	Zip Country

40060032



01122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3498860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK, THOMAS A 2292 COMMERCIAL WAY SPRING HILL, FL 34609	
7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 14728 COUNTY LINE RD City: SPRING HILL FL Zip Code: 34610	

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: T. McCormick (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS HOERST, MARGARET 5645 LEGEND HILLS LANE BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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 empowered.

SIGNATURE: Margaret Hoerst DATE: 4/10/07 DAYTIME PHONE #: 727 857 2558