

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000102717		
1. Entity Name MASHIE GOLF CONSULTANTS, INC.		
Principal Place of Business 119 ANCHOR DRIVE PONCE INLET, FL 32127	Mailing Address 119 ANCHOR DRIVE PONCE INLET, FL 32127	
DO NOT WRITE IN THIS SPACE		



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3582533Applied For
Not Applicable6. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
TUMBLESON, J. DOYLE 119 ANCHOR DRIVE PONCE INLET, FL 32127		

I, The above named entity, submit 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 of individual or principal of registered agent (not used if applicable)

(NOTE: Registered agent signature required when filing annual report)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution☐ **\$5.00 May Be**
Added to Fees

U000000153034

05/04/04-80112-002 150.00

10. OFFICERS AND DIRECTORS	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	D WINTZ GARY D 119 ANCHOR DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer 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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/29/04