

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P99000038178**

**1. Entity Name  
GOLF ASSOCIATES, INC.**



**Principal Place of Business  
3301 OLD WAILES RD.  
LAKE WALES, FL 33898**

**Mailing Address  
636 U.S. HIGHWAY ONE, SUITE 188  
NORTH PALM BEACH, FL 33408**



**01242005 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0922808**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MACKAIL, RON T  
3301 OLD WAILES RD.  
LAKE WALES, FL 33898**

**DO NOT WRITE  
IN THIS SPACE**

**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 reinitiating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**000000303373  
04/13/05-80109-022 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDVP  
MACKAIL, RON T  
3301 OLD WAILES RD.  
LAKE WALES, FL 33898**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

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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)(f), 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 file empowered.**

**SIGNATURE: [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-05 863-676-8558**  
Date Daytime Phone #