2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057421

FILED Jan 16, 2004 Secretary of State

Entity Name: TAMPA GOLF RANGE AND LEARNING CENTER INC.

Current P	Principal Place	of Business:	New Principal Place	e of Business:
2508 NO. TAMPA, F	LAKEVIEW DR L 33618	l.		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
424 WINT HOLLIST	ER ST DN, MA 01746			
FEI Number	: 59-3584545	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
COLE, PH 4603 GUL LUTZ, FL	FWINDS DR			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the place is signature of Registered Ag		ed office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. RE: Electron			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Aggrups Trust Fund Contribution (). TORS: Delete	ent	Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron mpaign Financing S AND DIREC P () COLE, PHILIP A 4603 GULFWIN LUTZ, FL 3354	ic Signature of Registered Agr y Trust Fund Contribution (). TORS: Delete A DS DR 9 Delete TH M SR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH M. COLE SR. T 01/16/2004