

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000089916 1. Entity Name NAME IT GOLF, INC.		
Principal Place of Business 5617 N.W. 84TH TERRACE TAMARAC, FL 33351	Mailing Address 5617 N.W. 84TH TERRACE TAMARAC, FL 33351	
DO NOT WRITE IN THIS SPACE		
01282005 No Chg-P CR2EC34 (10/03) 4. FEI Number 65-0999569 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent DRUCKER, WARREN 5617 NW 84TH TERR TAMARAC, FL 33351		
DO NOT WRITE IN THIS SPACE		
6. 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remitting) (Date)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 8. Election Concerning Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U000000340442 04/28/05-80117-020 150.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DRUCKER, WARREN 12828 NW 8TH CT CORAL SPRINGS, FL 33071	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: <u>Warren Drucker</u> 4-26-05 President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		