
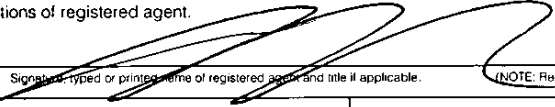
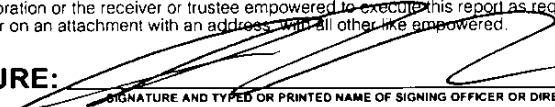


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90023 008 ***150.00

DOCUMENT # P99000091143					
1. Entity Name GARY HOLMES GOLF COMPANY, INC.					
Principal Place of Business 1900 COUNTRY CLUB BLVD MOUNT DORA, FL 32757 US			Mailing Address 1900 COUNTRY CLUB BLVD MOUNT DORA, FL 32757 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4100 Wetiva Club Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Longwood FL		4. FEI Number 59-3602234	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32779		Seminole		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLMES, GARY 475 OSPREY PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name: Dello Russo, Robert G Street Address (P.O. Box Number is Not Acceptable): 531 Codiseo Way City: Sanford FL Zip Code: 32771		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME HOLMES, GARY STREET ADDRESS 1900 COUNTRY CLUB BLVD CITY-ST-ZIP MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE VD NAME Holmes, Gary STREET ADDRESS 1900 Country Club Blvd. CITY-ST-ZIP Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME DELLO RUSSO, ROBERT G STREET ADDRESS 109 COMMERCE STREET, SUITE 1101 CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE PSDT NAME Dello Russo, Robert G STREET ADDRESS 531 Codiseo Way CITY-ST-ZIP Sanford FL 32771	<input checked="" 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	
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	
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	
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	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		