

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000101952

1. Entity Name

RSA GOLF, INC.



Principal Place of Business

200 BUSINESS PARK CIRCLE, STE.101
ST AUGUSTINE, FL 32095

Mailing Address

200 BUSINESS PARK CIRCLE, STE.101
ST AUGUSTINE, FL 32095



08242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATHAWAY, RICHARD G
50 A1A NORTH
STE 102
PONTE VEDRA BEACH, FL 32082

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LABAR, JAMES C
STREET ADDRESS 200 BUSINESS PARK CIRCLE, STE 101
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE D
NAME MURPHY, PATRICK
STREET ADDRESS 200 BUSINESS PARK CIRCLE, STE.101
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE D
NAME MURPHY, MICHAEL A
STREET ADDRESS 200 BUSINESS PARK CIRCLE, STE.101
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE
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000000171364
09/01/04-80003-016 550.00

**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)(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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30.