

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # S44749

1. Entity Name
T & D GOLF I, INC.



Principal Place of Business
**12219 TWIN BRANCH ACRES
TAMPA, FL 33626**

Mailing Address
**12219 TWIN BRANCH ACRES
TAMPA, FL 33626**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3077301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORNELIUS, JUDITH C.P.A.
6707 N ARMENIA
TAMPA, FL 33614**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000707671
04/24/07-80083-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, TERRY J.
STREET ADDRESS	12219 TWINBRANCH ACRES RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	SMITH, MARGORIE
STREET ADDRESS	12219 TWIN BRANCH ACRES RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	SMITH, RICHARD
STREET ADDRESS	12219 TWIN BRANCH ACRES RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	SMITH, WILLIAM D
STREET ADDRESS	12219 TWIN BRANCE ACRES RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Margorie Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

Daytime Phone #