


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V10277**  
 1. Entity Name  
**T B GOLF, INC.**



Principal Place of Business  
**1619 SELVA MARINA DRIVE  
 ATLANTIC BEACH, FL 32233**

Mailing Address  
**1619 SELVA MARINA DRIVE  
 ATLANTIC BEACH, FL 32233**



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-3104743** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KEASLER, FRANK R. JR.  
 4855 SALISBURY RD  
 SUITE 390  
 JACKSONVILLE, FL 32256**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P BRENNAN, THOMAS E III 1619 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD BRENNAN, JANE G 1619 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233</b>
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U00000548280  
 05/12/06-80057-015 150.00

**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:** *Jane G Brennan* **4.27.06** **904-249-9740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #