
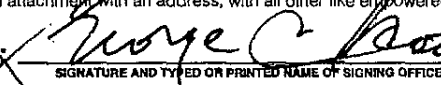


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # V54303 1. Entity Name SCOTT'S GOLF DRIVING RANGE, INC.		
Principal Place of Business 3018 S. PENINSULA DRIVE DAYTONA BEACH SHORES, FL 32118	Mailing Address 3018 S. PENINSULA DRIVE DAYTONA BEACH SHORES, FL 32118	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOTT, GEORGE C. 3018 SOUTH PENINSULA DRIVE DAYTONA BEACH SHORES, FL 32118		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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCOTT, GEORGE C. 3018 S. PENINSULA DRIVE DAYTONA BCH SHRS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		4-18-05 386-761-4884 Date Daytime Phone #



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3142635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000321276
04/21/05-80072-010 150.00

**DO NOT WRITE
IN THIS SPACE**