

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # V61609

1. Entity Name
GOLF RENTALS, INC.



Principal Place of Business
7931 BISHOP LAKE RD, N
JACKSONVILLE, FL 32256 US

Mailing Address
7931 BISHOP LAKE RD, N
JACKSONVILLE, FL 32256 US



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3142464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLEM, SCOTT R
7931 BISHOP LAKE ROAD N
JACKSONVILLE, FL 32256

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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, 2004 Fee will be \$550.00

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

000000046280
02/11/04-80096-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	SOLEM, SCOTT R
STREET ADDRESS	7931 BISHOP LAKE RD N
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	VDST
NAME	SOLEM, TOMME L
STREET ADDRESS	7931 BISHOP LAKE RD N
CITY - ST - ZIP	JACKSONVILLE, FL 32256
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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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 like empowered.

SIGNATURE *Tommy L. Solem* Tommy L. Solem 2-10-04 904-641-5334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #