

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 039 ***150.00

DOCUMENT # P02000116886

1. Entity Name
CLUB CAPITAL MANAGEMENT INC.



Principal Place of Business
**116 N. PINELLAS AVENUE
 TARPON SPRINGS, FL 34689**

Mailing Address
**116 N. PINELLAS AVENUE
 TARPON SPRINGS, FL 34689**



2. Principal Place of Business
6042 RIVER ROAD

3. Mailing Address
 Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State
NEWPORT RICHEY FL

City & State

4. FEI Number
37-1451503

Applied For
 Not Applicable

Zip
34652

Country
PASCO

Zip Country

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

6. Name and Address of Current Registered Agent

**HOLTZCLAW, KRISTA A
 116 N. PINELLAS AVENUE
 TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name
HOLTZCLAW, KRISTA A.

Street Address (P.O. Box Number is Not Acceptable)
6042 RIVER ROAD

City
NEWPORT RICHEY FL

Zip Code
34652

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 **KRISTA A. HOLTZCLAW** *Krista A. Holtzclaw* **3/10/04**

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**

10. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME HOLTZCLAW, KRISTA A	
STREET ADDRESS 116 N. PINELLAS AVENUE	
CITY - ST - ZIP TARPON SPRINGS, FL 34689	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HOLTZCLAW, DARIUS	
STREET ADDRESS 116 N. PINELLAS AVENUE	
CITY - ST - ZIP TARPON SPRINGS, FL 34689	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HUBBS, A. PERRY III	
STREET ADDRESS 116 N. PINELLAS AVENUE	
CITY - ST - ZIP TARPON SPRINGS, FL 34689	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HUBBS, PATRICE S	
STREET ADDRESS 116 N. PINELLAS AVENUE	
CITY - ST - ZIP TARPON SPRINGS, FL 34689	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLTZCLAW, KRISTA A.	
STREET ADDRESS 6042 RIVER ROAD	
CITY - ST - ZIP NEWPORT RICHEY, FL 34652	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLTZCLAW, DARIUS	
STREET ADDRESS 6042 RIVER ROAD	
CITY - ST - ZIP NEWPORT RICHEY, FL 34652	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUBBS, A. PERRY III	
STREET ADDRESS 10706 DONBRESE AVE	
CITY - ST - ZIP TAMPA, FL 33615	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUBBS, PATRICE S.	
STREET ADDRESS 10706 DONBRESE AVE	
CITY - ST - ZIP TAMPA, FL 33615	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Krista A. Holtzclaw* **3/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Attachment



24019912

#P02000116886

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 10, 2004

KRISTA HOLTZCLAW
6042 RIVER RD
NEW PORT RICHEY, FL 34652-2517

We have received your document for and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please include a complete annual report with your check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00009096

Attachment Attachment
4019912
102000116886



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 27, 2004

KRISTA HOLTZCLAW
6042 RIVER RD
NEW PORT RICHEY, FL 34652-2517

We have received your document for and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

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Justin M Shivers
Document Specialist

Letter Number: 804A00013209