


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000111958
 1. Entity Name
 CLUB CAPITAL MANAGEMENT, INC



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



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 37-1451503 Not Applicable

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

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLTZCLAW, KRISTA A
STREET ADDRESS	116 N. PINELLAS AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	STD
NAME	HUBBS, A. PERRY III
STREET ADDRESS	116 N. PINELLAS AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	HOLTZCLAW, DARIUS
STREET ADDRESS	116 N. PINELLAS AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	HUBBS, PATRICE S
STREET ADDRESS	116 N. PINELLAS AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000832227
 02/27/08-80050-014 150.00

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: _____ Date: 14 FEB 2008 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR