



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90195 008 ***150.00

DOCUMENT # 331394 1. Entity Name MANAGEMENT SERVICES GOLF INC					
Principal Place of Business MANAGEMENT SERVICES INC 3801 BAYVIEW DR FT. LAUDERDALE, FL 33308 US			Mailing Address C/O CFO, ACCOUNTING 3801 BAYVIEW DR FT. LAUDERDALE, FL 33308 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40069843 	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1212310 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HUNT, PAULA J C.F.O. 3801 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Corporation Company of Orlando Street Address (P.O. Box Number is Not Acceptable) 300 S. Orange Ave., Suite 1000 (JGH) City Orlando FL Zip Code 32801		
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 _____ J.Gregory Humphries, Vice Pres. _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JONES, R T JR 705 FOREST AVENUE PALO ALTO, CA 94301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S-T Michael R. Dayhoff 4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JONES, REES L 55 S PARK STREET MONTCLAIR, NJ 07042 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, WILLIAM 5 WOODLAND AVENUE BRONXVILLE, NY 10708 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-VP-AS Philip P. Smith 4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWILLIE, EUGENE W 1155 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-VP James A. Scott 4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HUNT, PAULA J 3801 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KROLIKOWSKI, WANDA 3801 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ Michael R. Dayhoff President 4/27/05 (954) 867-1234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Michael R. DAYHOFF