

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003278

FILED
Apr 30, 2008
Secretary of State

Entity Name: SELECT GOLF & TURF, LTD., INC.

Current Principal Place of Business:

3515 SYLVESTER ROAD
ALBANY, GA 31705

New Principal Place of Business:

Current Mailing Address:

3515 SYLVESTER ROAD
ALBANY, GA 31705

New Mailing Address:

FEI Number: 58-2467351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELLERS, STEVEN E
2846 REMINGTON GREEN CIRCLE, SUITE B
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MORRIS, RAYMOND
Address: P.O. BOX 127
City-St-Zip: FT. GAINES, GA 39851

Title: DS (X) Delete
Name: NIXON, M.C.
Address: P.O. BOX 127
City-St-Zip: FT GAINES, GA 39851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: MORRIS, JR., RAYMOND H MR.
Address: P.O. BOX 127
City-St-Zip: FT. GAINES, GA 39851

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND H. MORRIS, JR.

CP

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date