2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000006285

1. Entity Name
TEAM CLASSIC GOLF SERVICES, INC.

Principal Place of Business	Mailing Address
16301 PHIL RITSON WY WINTER GARDEN, FL 34787 US	16301 PHIL RITSON WY WINTER GARDEN, FL 34787 US

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3208255
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERLANDER, BRUCE
16301 PHIL RITSON WY
WINTER GARDEN, FL 34787

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
NAME	RITSON, PHILIP V
STREET ADDRESS	16301 PHIL RITSON WY
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	DC
NAME	FITZPATRICK, KEVIN
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	DP
NAME	GERLANDER, BRUCE
STREET ADDRESS	16301 PHIL RITSON WY
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	DS
NAME	TUCK, ELIZABETH
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	DT
NAME	HAMMER, JOEL
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	DV
NAME	KLEINMAN, GARY
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY-ST-ZIP	NEW YORK, NY 10005

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04/24/06-80038-007 150.00

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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: Bruce Gerlander 1/24/06 4079052239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #