

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000004524		
1. Entity Name GOLF HOST MANAGEMENT, INC.		

Principal Place of Business 591 WEST PUTNAM AVE. GREENWICH, CT 06830	Mailing Address 591 WEST PUTNAM AVE. GREENWICH, CT 06830
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DO NOT WRITE IN THIS SPACE

FILED
05 JUL 21 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192005	No Chg-P	CR2E034 (10/03)
4. FEI Number 06-1489920	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KLEEMAN, MERRICK 591 WEST PUTNAM AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SILVEY, JEROME 591 WEST PUTNAM AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEIMER, ROBERT 591 WEST PUTNAM AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/12/05--01059--007 **550.00

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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: _____ Date: 7/29/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR