

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000057486

1. Entity Name

K.F.M. GOLF MANAGEMENT INC.



Principal Place of Business

12802 HUNT CLUB RD NORTH
JACKSONVILLE, FL 32224

Mailing Address

12802 HUNT CLUB RD NORTH
JACKSONVILLE, FL 32224



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3655029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCQUAIG, DAVID H
4745 SUTTON PARK COURT, SUITE 103
JACKSONVILLE, FL 32224

**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

Signature, typed or printed name of registered agent and title if applicable

(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

U00000933216
05/22/08-80088-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	MATTIACE, KRISTEN
STREET ADDRESS	12802 HUNT CLUB RD NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	AS
NAME	MCQUAIG, DAVID H
STREET ADDRESS	4745 SUTTON PARK COURT, SUITE 103
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec.
David H. McQuaig

4/28/08

Date

Daytime Phone #