

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000111285

1. Entity Name
CMD GOLF, INC.



Principal Place of Business

4400 NW 87 AVE.
MIAMI, FL 33178

Mailing Address

C/O BROOKS HERMELEE GEFFIN, L.L.C.
25 SE 2ND AVE, STE. 1135
MIAMI, FL 33131



01252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158199	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

HERMELEE, BRUCE G
C/O BROOKS HERMELEE GEFFIN, L.L.C.
25 SE 2ND AVE, STE. 1135
MIAMI, FL 33131

**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 renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DEMPSEY, CHRISTOPHER
STREET ADDRESS	C/O BROOKS HERMELEE GEFFIN, L.L.C.
CITY-STATE-ZIP	MIAMI, FL 33131

TITLE	D
NAME	DEMPSEY, JOSEPH
STREET ADDRESS	C/O BROOKS HERMELEE GEFFIN, L.L.C.
CITY-STATE-ZIP	MIAMI, FL 33131

TITLE	D
NAME	DEMPSEY, BETSY
STREET ADDRESS	C/O BROOKS HERMELEE GEFFIN, L.L.C.
CITY-STATE-ZIP	MIAMI, FL 33131

TITLE	D
NAME	LEMON, NOEL SR
STREET ADDRESS	C/O BROOKS HERMELEE GEFFIN, L.L.C.
CITY-STATE-ZIP	MIAMI, FL 33131

TITLE	D
NAME	LEMON, NOEL JR
STREET ADDRESS	C/O BROOKS HERMELEE GEFFIN, L.L.C.
CITY-STATE-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/29/04-80077-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Chris Dempsey* Chris Dempsey 1-25-04 725-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #