


FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90002 024 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000145399 1. Entity Name MCKEITHAN GOLF MANAGEMENT, INC.																																										
Principal Place of Business 3309 CAVERNS RD MARIANNA, FL 32446 US		Mailing Address 3309 CAVERNS RD MARIANNA, FL 32446 US																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent MCKEITHAN, LARRY J 3309 CAVERNS RD MARIANNA, FL 32446		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 _____ <small>Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>MCKEITHAN, LARRY J</td></tr><tr><td>STREET ADDRESS</td><td>3309 CAVERNS RD</td></tr><tr><td>CITY- ST- ZIP</td><td>MARIANNA, FL 32446</td></tr><tr><td>TITLE</td><td>SEC</td></tr><tr><td>NAME</td><td>MCKEITHAN, BRIAN</td></tr><tr><td>STREET ADDRESS</td><td>3309 CAVERNS RD</td></tr><tr><td>CITY- ST- ZIP</td><td>MARIANNA, FL 32446</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>			TITLE	P	NAME	MCKEITHAN, LARRY J	STREET ADDRESS	3309 CAVERNS RD	CITY- ST- ZIP	MARIANNA, FL 32446	TITLE	SEC	NAME	MCKEITHAN, BRIAN	STREET ADDRESS	3309 CAVERNS RD	CITY- ST- ZIP	MARIANNA, FL 32446	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE	P																																									
NAME	MCKEITHAN, LARRY J																																									
STREET ADDRESS	3309 CAVERNS RD																																									
CITY- ST- ZIP	MARIANNA, FL 32446																																									
TITLE	SEC																																									
NAME	MCKEITHAN, BRIAN																																									
STREET ADDRESS	3309 CAVERNS RD																																									
CITY- ST- ZIP	MARIANNA, FL 32446																																									
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: <u>LARRY J. MCKEITHAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/26/06</u> (850) 482 4257 <small>Date Daytime Phone</small>																																								