

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

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



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2412272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000728182
05/07/07-80005-019 150.00

10. OFFICERS AND DIRECTORS

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
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: Larry J. McKeithan LARRY J. MCKEITHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 (850) 482 4257

Date

Daytime Phone #