P08000064588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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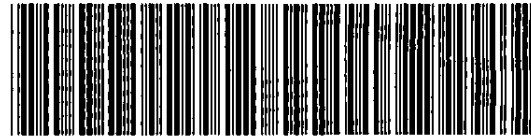
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TO: Amendment Section
Division of Corporations

SUBJECT: CALLAWAY FAMILY ASSET MANAGEMENT CORP.
(Name of Corporation)

DOCUMENT NUMBER: P08000064588

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTIN M. SMYKLO
(Name of Person)

CHAPIN, BALLERANO & CHESLACK
(Name of Firm/Company)

1201 GEORGE BUSH BLVD.
(Address)

DELRAY BEACH, FLORIDA 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTIN M. SMYKLO   at (561) 272-1225
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __PHYLLIS A. CALLAWAY__ , hereby resign as __PRESIDENT__
(Title)

of __CALLAWAY FAMILY ASSET MANAGEMENT CORP.__ ,
(Name of Corporation)

__P08000064588__ , a corporation organized under the laws of the State of
(Document Number, if known)

__FLORIDA__ .

(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314