## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## May 04, 2006 8:00 am Secretary of State DOCUMENT # P20911 1. Entity Name 05-04-2006 90215 047 \*\*\*150.00 CASE GOLF COMPANY Principal Place of Business Mailing Address 500 PALM STREET - SUITE A WEST PALM BEACH FL 33401 500 PALM STREET - SUITE A WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 51-0310293 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANNETTE M. CASE MAESE, CAROLINE Street Address (P.O. Box Number is Not Acceptable) 4906 SÚNNY LN 1270 CAROUSEL WAY WEST\_PALM\_BEACH FL 33415--City Roy At Parm Box 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. ANNOTTE M. CASE SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVS** ☐ Delete TITLE TREASUREK. Addition ☐ Change NAME CASE, ROY NAME ANNETTE M. CASE STREET ADDRESS 1270 CAROUSEL WAY STREET ADDRESS 1270 CAROUSEL WAY CITY-ST-ZIP W. PALM BEACH FL CITY-ST-ZIP REYEL PALM BEACH. FL 33411 Delete ☐ Change TITLE Addition NAME CASE, ROY NAME STREET ADDRESS STREET ADDRESS 1270 CAROUSEL WAY CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**