

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 007 ***558.75

DOCUMENT # P32080

1. Entity Name
MACGREGOR GOLF COMPANY



Principal Place of Business
**101 S. ELLSWORTH AVENUE
SUITE 402
SAN MATEO, CA 94401 US**

Mailing Address
**101 S. ELLSWORTH AVENUE
SUITE 402
SAN MATEO, CA 94401 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122007

Chg-P

CR2E034 (12/06)

4. FEI Number

58-2285422

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UCC FILING AND SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD.
SUITE 100
TALLAHASSEE, FL 32309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
SCHNEIDER, BARRY L
101 S. ELLSWORTH AVENUE
SAN MATEO, CA 94401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SCFO
FRANK, CHARLES
101 S. ELLSWORTH AVENUE
SAN MATEO, CA 94401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Mark Lingenfelter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK LINGENFELTER

C.F.O.

7/17/07

Date

(229) 420-7026

Daytime Phone #