


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37518-</b> 1. Entity Name <b>CALGOLF, INC.</b>	
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Principal Place of Business <b>55 SOUTH PARK STREET MONTCLAIR, NJ 07042</b>	Mailing Address <b>55 SOUTH PARK STREET MONTCLAIR, NJ 07042</b>
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2266695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MORRISON, RICHARD W.  
LEONARD & MORRISON, ATTORNEYS AT LAW  
4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR  
FORT LAUDERDALE, FL 33308**

**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, 2004 Fee will be \$550.00**

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	CP JONES, REES 10 BELLECLAIRE PLACE MONTCLAIR, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JONES, SUSAN 10 BELLECLAIRE PLACE MONTCLAIR, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDONOUGH, CATHY 55 SOUTH PARK ST MONTCLAIR, NJ 07042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEISSER, STEVEN 55 SOUTH PARK ST MONTCLAIR, FL 07042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/04-80012-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cathy McDonough  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04 973-744-4031  
Date Daytime Phone #