

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P37518

1. Entity Name
CALGOLF, INC.



Principal Place of Business
**55 SOUTH PARK STREET
MONTCLAIR, NJ 07042**

Mailing Address
**55 SOUTH PARK STREET
MONTCLAIR, NJ 07042**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2266695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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**

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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)

000000389590
01/20/06 80053 010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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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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 1C 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

1/10/06 973-744-4031
Date Daytime Phone #

Cathy McDonough