

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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01/14/08-80011-011 150.00

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: *Cathy McDonough*, *Cathy McDonough* 1/8/08 973-744-4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #