2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM DOCUMENT # P94000045560 * **Secretary of State** MCCUMBER GOLF II. INC. Mailing Address Principal Place of Business 7510 PLANTATION BAY DRIVE P.O. BOX 7879 JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32238-0879 US CR2E034 (11/05) 02282007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3320998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, MICHAEL A DO NOT WRITE 50 NORTH LAURA ST. **SUITE 2200** IN THIS SPACE JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MCCUMBER, JAMES L STREET ADDRESS 7502 PLANTATION BAY DRIVE NORTH JACKSONVILLE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS U000000661807 CITY-ST-ZIP 03/20/07-80056-015 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 impowered 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 addiess, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-82-07

904-118833

Daytime Phone #

FILED