

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 003 ***150.00

DOCUMENT # P95000005496

1. Entity Name
MAHANNAH GOLF MANAGEMENT, INC.



Principal Place of Business
**951 BROKEN SOUND PARKWAY STE. 108
BOCA RATON, FL 33487**

Mailing Address
**951 BROKEN SOUND PARKWAY STE. 108
BOCA RATON, FL 33487**

50032098



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0548456	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

**MAHANNAH, JAMES
951 BROKEN SOUND PARKWAY STE. 108
BOCA RATON, FL 33487**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAHANNAH, CHARLES M JR.
STREET ADDRESS	8309 SE WOODCREST PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	MAHANNAH, JAMES W
STREET ADDRESS	8309 SE WOODCREST PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	SCHNARS, JEFFREY T
STREET ADDRESS	8309 SE WOODCREST PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
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 exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James W Mahannah, President **325-05 241-645**