## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # P95000032482  1. Entity Name MJM GOLF ENTERPRISES, INC.					04-18-2007	7 90180 0	03 ***15	50.00
Principal Place of Business Mailing Address				- n	063.1ca			
2987 MCMULLENBOOTH RD 2987 MCMULLENBOOTH F CLEARWATER, FL 33761 US CLEARWATER, FL 33761				40	0 -			
Principal Place of Business - No P.O. Box #     3. Mailing Address				-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Numb				plied For
Zip Country		Zip	Country	59-331 5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Curren	Registered Agent	·	7. Name and	Address of New R		ee Required sent	3
UEDOGIA			Name					
HERSEM, THOMAS G 1421 COURT ST, SUITE B CLEARWATER, FL 34616			Street Addres	ss (P.O. Box Numb	er is Not Acceptable	e)		
			City				Zip Code	9
8. The above	named entity submits this statement	or the purpose of changing its r		stered agent, or bo	th, in the State of Fig	FL vida Lamfa		
the obligat	ions of registered agent.	or the perpendicularity ing the	og.o.o.oo ooo ooo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in, ar bio blato di tit		Trinical Hriting	ana accept
SIGNATURE_								
	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	: Registered Agent signature requ	vired when rainstating)		DATE		<del></del>
FIL After Ma	Signature, typed or printed name of registered ager  E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaig	gn Financing	55.00 May Be		DATE		<del></del>
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AND	9. Election Campaig Trust Fund Contri	gn Financing	55.00 May Be added to Fees	/CHANGES TO OFF		DIRECTORS	5 IN 11
10. TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AND PSTD MURPHY, MICHAEL J 2987 MCMULLEN BOOTH RD	9. Election Campaig Trust Fund Contri	gn Financing sibution. A	55.00 May Be added to Fees	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
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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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR