

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000051953**

1. Entity Name  
**SPECIALIZED GOLF MANAGEMENT, INC.**



Principal Place of Business  
**PO BOX 506  
MARCO ISLAND, FL 34146 US**

Mailing Address  
**PO BOX 506  
MARCO ISLAND, FL 34146 US**



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0594425**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOODWARD, CRAIG R ESQ  
606 BALD EAGLE DRIVE STE 500  
MARCO ISLAND, FL 33969**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**D  
LARNER, JAMES J  
776 APPLE COURT  
MARCO ISLAND, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LAGREE, TERRILL A  
3631 NO. MOSS CREEK POINT  
LECANTO, FL 34461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

1100000134231  
04/28/04-80013-002 150.00

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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: **JAMES J. LARNER** Date **4-26-04** Daytime Phone # **(239) 633-5964**