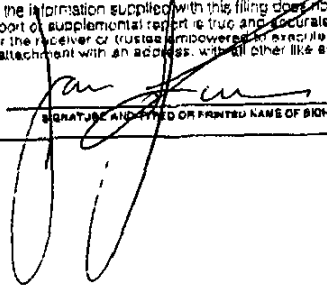


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90061 029 ***150.00

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	
2. Principal Place of Business 465 S. Canaday Dr. Suite, Apt #, etc.		3. Mailing Address 465 S. Canaday Dr. Suite, Apt #, etc.	
City & State Inverness, FL		City & State Inverness, FL	
Zip 34450 County Citrus		Zip 34450 County Citrus	
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 33989		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 name changed) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARNER, JAMES J 726 APPLE COURT MARCO ISLAND, FL 34146 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Larner, James J. ☒ Change ☐ Addition 465 S. Canaday Dr. Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGREE, TERRILL A 3831 NO. MOSS CREEK POINT LECANTO, FL 34461 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 4/28/05 (352) 860-1321	