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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000051953

1. Entity Name
SPECIALIZED GOLF MANAGEMENT, INC.

Principal Place of Business
~~PO BOX 506~~
~~MARCO ISLAND, FL 34145~~ US

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

2. Principal Place of Business
465 S. Canaday Dr.
Suite, Apt # etc.
City & State
Inverness Fl.
Zip 34450 Country Citrus

3. Mailing Address
465 S. Canaday Dr.
Suite, Apt #, etc
City & State
Inverness, Fl.
Zip 34450 Country Citrus

04262005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

8. 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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARNER, JAMES J ~~776 APPLE COURT~~ ~~MARCO ISLAND, FL 34145~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Larner, James J. 465 S. Canaday Dr. Inverness, Fl. 34450 ☒ Change ☐ Addition
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
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #