

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25468

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: PGA TOUR INVESTMENTS FINANCE, INC.

**Current Principal Place of Business:**

112 PGA TOUR BLVD  
PONTE VEDRA, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 PGA TOUR BLVD  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

FEI Number: 59-3057625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIOLA, JAMES C  
112 PGA TOUR BLVD  
PONTE VEDRA, FL 32082 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: KELLY, VERNON A JR  
Address: 1221 S FIRST ST TH-3  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: D ( ) Delete  
Name: FINCHEM, TIMOTHY W  
Address: 7160 MARSH HAWK CT.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: SV ( ) Delete  
Name: MOORHOUSE, EDWARD L  
Address: 25505 MARSH LANDING PARKWAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V ( ) Delete  
Name: PILLSBURY, DAVID  
Address: 112 PGA TOUR BLVD.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: DP ( ) Delete  
Name: ZINK, CHARLES L  
Address: 104 PLANTERS ROW EAST  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: SV ( ) Delete  
Name: TRIOLA, JAMES C  
Address: 1209 SALT CREEK ISLE DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: KELLY, VERNON A JR  
Address: 5895 COUNTY ROAD 214  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. TRIOLA

Electronic Signature of Signing Officer or Director

SV

01/31/2006

\_\_\_\_\_ Date