2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S63176

1. Entity Name
MCCUMBER GOLF, INC.

Principal Place of Business	Mailing Address
7502 PLANTATION BAY JACKSONVILLE, FL 32244 US	P.O. BOX 7879 SUITE 404 JACKSONVILLE, FL 32238 US

DO NOT WRITE IN THIS SPACE

02212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3074484	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WALTERS, MICHAEL
50 NORTH LAURA ST
STE 2200
JACKSONVILLE, FL 32202

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	04/24/08-80028-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCUMBER, JAMES L.
STREET ADDRESS	7502 PLANTATION BAY DRIVE N
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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.

SIGNATURE: _____ James L. McCumber   4-10-08   904-778-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #