


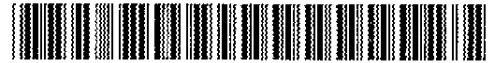
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P37518-
 1. Entity Name
 CALGOLF, INC.



Principal Place of Business 55 SOUTH PARK STREET MONTCLAIR, NJ 07042	Mailing Address 55 SOUTH PARK STREET MONTCLAIR, NJ 07042
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01082004 No Chg-P CR2E034 (10/03)

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4. FEI Number 22-2266695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORRISON, RICHARD W.
 LEONARD & MORRISON, ATTORNEYS AT LAW
 4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR
 FORT LAUDERDALE, FL 33308

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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 _____ 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, 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	CP JONES, REES 10 BELLECLAIRE PLACE MONTCLAIR, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JONES, SUSAN 10 BELLECLAIRE PLACE MONTCLAIR, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDONOUGH, CATHY 55 SOUTH PARK ST MONTCLAIR, NJ 07042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEISSER, STEVEN 55 SOUTH PARK ST MONTCLAIR, FL 07042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cathy McDonough 1/8/04 973-744-4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #