


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 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



01052005 No Chg-P CR2E034 (10/03)

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4. FEI Number
22-2266695

Applied For
Not Applicable

5. Certificate of Status Desired **\$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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/20/05-80054-011 150.00

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 Cathy McDonough 1/11/05 973 744 4031
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone #