

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37518

Entity Name: CALGOLF, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

55 SOUTH PARK STREET
MONTCLAIR, NJ 07042

New Principal Place of Business:

Current Mailing Address:

55 SOUTH PARK STREET
MONTCLAIR, NJ 07042

New Mailing Address:

FEI Number: 22-2266695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: CP () Delete
Name: JONES, REES,
Address: 10 BELLECLAIRE PLACE
City-St-Zip: MONTCLAIR, NJ

Title: DS () Delete
Name: JONES, SUSAN,
Address: 10 BELLECLAIRE PLACE
City-St-Zip: MONTCLAIR, NJ

Title: T () Delete
Name: MCDONOUGH, CATHY
Address: 55 SOUTH PARK ST
City-St-Zip: MONTCLAIR, NJ 07042

Title: VP () Delete
Name: WEISSER, STEVEN
Address: 55 SOUTH PARK ST
City-St-Zip: MONTCLAIR, FL 07042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CATHY MCDONOUGH

T

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date