


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707474</b> 1. Entity Name <b>JEFFERSON COUNTRY CLUB, INC.</b>	
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Principal Place of Business <b>GROOVERVILLE HIGHWAY MONTICELLO FL 32344</b>	Mailing Address <b>P.O. BOX 487 MONTICELLO FL 32345</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>JORDAN, L R ROUTE 2, GROOVERVILLE HWY MONTICELLO FL 32344</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City
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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 *[Signature]* *Bus Mgr* *1/22/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CARNEY, CHRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1175 EAST WASHINGTON ST	NAME	U00000046113
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	02/11/04-80089-019 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP BAILEY, CHUCK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 4 BOX 4284	NAME	
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RISSMON, STEVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 206-S. WENKIND ST	NAME	
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S DAVIS, BETH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTH HWY 19, P.O. BOX 217	NAME	
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D PRINE, NICK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 WA ROGERS RD	NAME	
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	I MILLER, GEORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	240 W WASHINGTON	NAME	
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *[Signature]* *2-9-2004*  
Signature and typed or printed name of signing officer or director Date Deadline Phone #