2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						TILE	L DE CINE	i	
DOCUMENT # P02000084992  1. Entity Name JCA TURF, INC.					<b>5</b> 34	PILE PECKETARY I ISTON OF CO D4 AUG 25			
Principal Place of Business Mailing Address									
4220 SANMA APT. 107		4220 SANMARINO BLVD. APT. 107 West Palm Beach, Fl 33409							
•	Nace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08182004	Chg-P	CR2E03-	(10/03)	
City & State		City & State			4. FEI Numb 02-063				plied For t Applicable
Zip	n Country	Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current I	7. Name and Address of New Registered Agent Name							
NOWICKI, MARKU 14155 U.S. HIGHWAY ONE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 210 JUNO BEACH, FL 33408									
JUNO BEAGN, FE 33400				City			FL	Zip Code	<u></u>
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									
	: ::	C Again agricula rade	med and tokerand.	,	DAIL				
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finan Trust Fund Contribution.					5.00 May Be Idded to Fees	In accordance v corporation did			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND [	DIRECTORS	3 IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	D ARLINE, JERRY C JR. 4220 SAN MARINO BLVD. #107 WEST PALM BEACH, FL 33409	☐ Delete			1 0 09/07	0 <b>0040:</b> /0401005	3263 009	∄ <sup>ch</sup> ¥nge **150.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLINE, CAROL H 4220 SAN MARINO BLVD. #107 WEST PALM BEACH, FL 33409	XX Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STR				- (	Change	☐ Addition
CITY-ST-ZIP	1			-ST-ZIP	-				
TITLE NAME STREET ADDRESS	i I	☐ Delete	TITL NAM STRI			-		Change	☐ Addition
CITY-ST-ZIP				'-ST-ZIP					
TITLE NAME	-	☐ Delete	TITE Nam	lE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET AODRESS (-ST-ZIP					
TITLE NAME	·	☐ Delete	TITE	Œ				Change	☐ Addition
STREET ADORESS CITY-ST-ZIP			cm	EET ADDRESS '-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 of 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 within address, with all other like empowered.  SIGNATURE: X MAY Sold Sold Sold Sold Sold Sold Sold Sold									
SIGNATURE: X VVVVV P VVVV P VVVVV P V VVVV P V V VVVV P V									