2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H35686 1. Entity Name

FILED Feb 14, 2004 08:00 AM Secretary of State

1,J.F. GO	LF, INC.						
% THOMAS J. FAZIO 9 17755 S.E. FEDERAL HIGHWAY 1		% THOM 17755	Mailing Address % THOMAS J. FAZIO 17755 S.E. FEDERAL HIGHWAY JUPITER, FL 33469			11 JULI 1110 BRA 111	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					01232004 No Chg-P CR2E034 (10/03) 4. FEI Number		
FAZIO, THOMAS J. 17755 S.E. FEDERAL HIGHWAY JUPITER, FL 33469				DO NOT WRITE IN THIS SPACE			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.					5.00 May Be ded to Fees		NE.
10.	OFFICERS	AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPS FAZIO, THOMAS J. 17755 S.E. FEDERAL HWY JUPITER, FL					U00000051 02/16/04~800	544 56-006 150.00
STREET ADDRESS CITY-ST-ZIP		<u></u>			<u> </u>		–
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicated of the color changed	certify that the information supplie t on this report or supplemental re- poration or the receiver or trastee or on an attachment with an add	d with this filing export is true and acceptable exposured to exposure and acceptance with all other	les not qualify for the excurate and that my signa ecute this report as required the empowered.	emption stated in S ature shall have the uired by Chapter 6	Section 119.07(3) e same legal effe 07, Florida Statut	(i), Florida Statutes. I furthe ct as if made under oath; th es; and that my name appe	er certify that the information nat I am an officer or director nars in Block 10 or Block 11 if

Thomas J Fazio
SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/12/04

561-746-4539