



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90056 030 ***150.00

DOCUMENT # P01000006178 1. Entity Name JC SKYDIVING STAFF SERVICE, INC.					
Principal Place of Business 4241 SKYDIVE LANE ZEPHYRHILLS, FL 33540			Mailing Address 4241 SKYDIVE LANE ZEPHYRHILLS, FL 33540		
2. Principal Place of Business 190 NORTH LAKE AVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 399 Suite, Apt. #, etc.			
City & State PAHOKEE, FL		City & State CANAL POINT, FL		4. FEI Number 59-3691667	
Zip 33476		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOVAR, ILEANA ARIAS ESQ. 9900 STIRLING ROAD, SUITE 218 COOPER CITY, FL		7. Name and Address of New Registered Agent Name JUAN C. DELLEGRAZIE - PERREN Street Address (P.O. Box Number is Not Acceptable) 190 NORTH LAKE AVE. City PAHOKEE FL Zip Code 33476			
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 <u>Juan C. Dell'Grazie-Perren</u> JUAN C. DELLEGRAZIE-PERREN, PRES. 3/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete DELLEGRAZIE PERREN, JUAN C 4241 SKYDIVE LANE P.O. BOX 399 ZEPHYRHILLS, FL 33540 CANAL POINT, FL 33438		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Juan C. Dell'Grazie-Perren</u> 3/1/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					