


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90064 026 ***150.00

DOCUMENT # P01000054671		
1. Entity Name THE JRC GROUP, INC.		

Principal Place of Business 230 COACHMANS COVE ALTAMONTE SPRINGS, FL 32701	Mailing Address 230 COACHMANS COVE ALTAMONTE SPRINGS, FL 32701
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24026125

2. Principal Place of Business 361 KAPOK COURT	3. Mailing Address 361 KAPOK COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32779	Zip 32779
Country USA	Country USA

03102004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3727491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, JOHN R 230 COACHMANS COVE ALTAMONTE SPRINGS, FL 32701	
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7. Name and Address of New Registered Agent Name CLARK, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 361 KAPOK COURT City LONGWOOD FL Zip Code 32779	
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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 JOHN R. CLARK Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 3/19/04
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLARK, JOHN R 230 COACHMANS COVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLARK, JOHN R. 361 KAPOK COURT LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARK, JACQUEL K 230 COACHMANS COVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARK, JACQUEL K. 361 KAPOK COURT LONGWOOD, FL 32779 <input checked="" 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
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
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
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: JOHN R. CLARK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/19/04	DAYTIME PHONE #
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