


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90676 004 ***150.00

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|--------------------------------|--|---|
| DOCUMENT # P03000032540 | |  |
| 1. Entity Name JCORL, INC. | | |

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| Principal Place of Business 132 PARK AVE S WINTER PK, FL 32789 | Mailing Address 132 PARK AVE S WINTER PK, FL 32789 |
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94079042



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| 2. Principal Place of Business <i>GRANDE LAKES RESORT</i> | | 3. Mailing Address | |
| Suite, Apt. #, etc. <i>4040 CENTRAL FLORIDA</i> | | Suite, Apt. #, etc. <i>PRIVACY</i> | |
| City & State <i>ORLANDO, FLORIDA</i> | | City & State | |
| Zip <i>32837</i> | Country <i>USA</i> | Zip | Country |

01082004 Chg-P CR2E034 (10/03)

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| 4. FEI Number <i>54-2104226</i> | 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 ROSE, PETER A 5295 TOWN CENTER RD, SUITE 300 BOCA RATON, FL 33486 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---------------------------------------|
| 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 | DPS DELONGY, CRAIG 132 PARK AVE S WINTER PK, FL 32789 <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 |
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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: *Craig Longy pres* 4/29/04 407-629-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #