2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044493

Address:

City-St-Zip:

ne: IRISH ACRES TRAINING CENTER, INC

FILED Feb 06, 2004 Secretary of State

Entity Name: IRISH ACRES TRAINING CENTER, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6002 SW 108TH STREET OCALA, FL 34476				13243 NW 82ND STREET ROAD OCALA, FL 34482		
Current Mailing Address:			New Mailii	New Mailing Address:		
6002 SW 108TH STREET OCALA, FL 34476				13243 NW 82ND STREET ROAD OCALA, FL 34482		
FEI Number: 59-3	3772585	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Ad	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
LANDEN, THOMAS M 6002 SW 108TH STREET OCALA, FL 34476			13243 [°] NW	CASE, DANIEL L 13243 NW 82ND STREET ROAD OCALA, FL 34482		
The above nar in the State of		ubmits this statement for the pu	rpose of changing it	s registered	I office or registered agent, or both,	
SIGNATURE:	DANIEL L.	CASE			02/06/2004	
	Electronic	Signature of Registered Agen	t		Date	
Election Campai	gn Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	()(Delete	Title: Name: Address: City-St-Zip:	CASE, DANIE	2ND STREET ROAD	
Title: Name: Address: City-St-Zip:	1 ()	Delete	Title: Name: Address: City-St-Zip:	CASE, DANIE	2ND STREET ROAD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CASE, DIANA	2ND STREET ROAD	
Title: Name:	()	Delete	Title: Name:	TREA CASE, DIANA	() Change (X) Addition A M	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DANIEL L. CASE PRES 02/06/2004

13243 NW 82ND STREET ROAD

OCALA, FL 34482