

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109529

FILED  
Aug 22, 2007  
Secretary of State

Entity Name: THE JUNIOR GOLF ACADEMY OF CANADA INC.

**Current Principal Place of Business:**

ORANGE COUNTY NATIONAL GOLF CENTER & LODGE  
16301 PHIL RITSON WAY  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

ORANGE COUNTY NATIONAL GOLF CENTER & LODGE  
16301 PHIL RITSON WAY  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

FEI Number: 20-5446436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICE OF I. MICHAEL TUCKER, P. L. C.  
498 PALM SPRINGS DRIVE  
SUNTRUST BANK BUILDING, SUITE 100  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JACKSON, TOM  
Address: 24 SUNDIAL CT  
City-St-Zip: COLLINGWOOD, ON L9Y 5E4 CA

Title: D ( ) Delete  
Name: JACKSON, TOM  
Address: 24 SUNDIAL COURT  
City-St-Zip: COLLINGWOOD, ON L9Y 5E4 CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: TOM JACKSON

PSTD

08/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date