2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

CSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 03, 2004 8:00 am Secretary of State **DOCUMENT # P94000038861** 1. Entity Name 03-03-2004 90007 039 ***158.75 JCC (AMERICA), INC. Mailing Address Principal Place of Business 9853 N. TAMIAMI TRAIL SUITE 226 9853 N. TAMIAMI TRAIL 94024012 SUITE 226 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business - Services 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. _CR2E034_(11/03) 4. FEI Number City & State City & State Applied For 65-0495608 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAYDEN, DAVID H Street Address (P.O. Box Number is Not Acceptable) 106_WESTWOOD_DRIVE NAPLES FL 34108 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, the obligations of registered agent. 2-27-04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME CLAYDEN, DAVID H NAME STREET ADDRESS STREET ADDRESS 6262 - 16TH AVENUE N.W. NAPLES FL 34119-1233 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DST ☐ Delete TITLE Addition NAME KRIJNEN, JANTINA NAME 6262 - 16TH AVENUE N.W. STREET ADDRESS STREET ADDRESS NAPLES FL 34119-1233 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED