

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90288 039 ***150.00

DOCUMENT # P97000025902

1. Entity Name
JCD GOLF, INC.



Principal Place of Business
7001 PACKER AVE
WEST PALM BEACH, FL 33405

Mailing Address
1300 PARK OF COMMERCE, SUITE 272
SUITE 272
DELRAY BEACH, FL 33445 US

60028086



2. Principal Place of Business

7001 Packer Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02282006

Chg-P

CR2E034 (11/05)

City & State

West Palm Beach, FL

City & State

Zip

33405

Country

U.S.

Zip

Country

4. FEI Number

65-0747459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBIN, BRAHM
1300 PARK OF COMMERCE, SUITE 272
SUITE 272
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Brahm Dubin, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME DUBIN, BRAHM
STREET ADDRESS 1300 PARK OF COMMERCE, SUITE 272
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE VPTD ☐ Delete
NAME DUBIN, JEANNE C.
STREET ADDRESS 1300 PARK OF COMMERCE, SUITE 272
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Brahm Dubin, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

361-265-0255

Daytime Phone #