

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90012 025 \*\*\*150.00

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02242004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # S94352</b> 1. Entity Name <b>JACKSONVILLE GOLF AND LEARNING CENTER, INC.</b>					
Principal Place of Business 10740 BEACH BLVD JACKSONVILLE, FL 32246 US			Mailing Address 4349 SPRINGMOOR DRIVE JACKSONVILLE, FL 32225		
2. Principal Place of Business <b>2932 Ravines Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>2932 Ravines Rd</b> Suite, Apt. #, etc.			
City & State <b>Middleburg, FL</b> Zip <b>32068</b> Country <b>CLAY</b>		City & State <b>Middleburg, FL</b> Zip <b>32068</b> Country <b>CLAY</b>		4. FEI Number <b>59-3094287</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEBUSK, KENNETH R.</b> <b>4349 SPRINGMOOR DRIVE</b> <b>JACKSONVILLE, FL 32225</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2932 Ravines Rd</b> City <b>Middleburg</b> <b>FL</b> Zip Code <b>32068</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBUSK, KENNETH R. 4349 SPRINGMOOR DRIVE JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2932 Ravines Rd</b> <b>MIDDLEBURG FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEBUSK, CHRISTOPHER J 4943 SPRINGMOOR DRIVE JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2932 Ravines Rd</b> <b>MIDDLEBURG FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEBUSK, JOHNNIE N. 4349 SPRINGMOOR DRIVE JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2932 Ravines Rd</b> <b>MIDDLEBURG, FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	<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	<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	<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: <u><i>Kenneth R DeBusk</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Kenneth R DeBusk 2/24/04 904 282-1111 <small>Date Daytime Phone #</small>		