


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 570294 1. Entity Name J.C.R.B. INVESTMENT CORP.	
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Principal Place of Business 1444 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118-3502	Mailing Address 1444 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118-3502
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1819250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GINSBERG, JOSEPH
1444 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32018

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000086079 03/12/04-80010-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINSBERG, JOSEPH 1444 N ATLANTIC AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUT, BETTY 920 FOREST AVE RYE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GINSBERG, ROBERT (ASST) 1712 JOHN ANDERSON DRIVE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUT, BETTY 920 FOREST AVE. RYE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  JOSEPH GINSBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____