
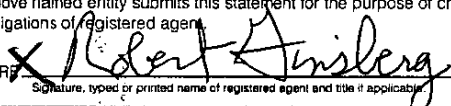



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90987 030 \*\*\*150.00

<b>DOCUMENT # 570294</b> 1. Entity Name <b>J.C.R.B. INVESTMENT CORP.</b>					
Principal Place of Business <b>1444 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118-3502</b>			Mailing Address <b>1444 N. ATLANTIC AVE. DAYTONA BEACH, FL 32118-3502</b>		
2. Principal Place of Business <b>1712 JOHN ANDERSON DRIVE</b>		3. Mailing Address <b>1712 JOHN ANDERSON DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH FL</b>		City & State <b>ORMOND BEACH FL</b>		4. FEI Number <b>59-1819250</b>	
Zip <b>32176</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GINSBERG, JOSEPH 1444 N. ATLANTIC AVE. DAYTONA BEACH, FL 32018</b>			7. Name and Address of New Registered Agent Name <b>ROBERT GINSBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>1712 JOHN ANDERSON DRIVE</b> City <b>ORMOND BEACH FL</b> Zip Code <b>32176</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 <b>4/28/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINSBERG, JOSEPH 1444 N ATLANTIC AVE. DAYTONA BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUT, BETTY 920 FOREST AVE RYE, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GINSBERG, ROBERT (ASST) 1712 JOHN ANDERSON DRIVE ORMOND BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUT, BETTY 920 FOREST AVE. RYE, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GINSBERG, ROBERT 1712 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GINSBERG, ROBERT 1712 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GINSBERG, ROBERT 1712 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GINSBERG, ROBERT 1712 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	<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 				ROBERT GINSBERG	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <b>4/28/05</b>	
<b>4/28/05-JFW:RRH:MF</b>				Daytime Phone #	

14015421



04272005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

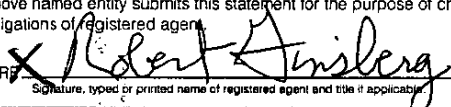
7. Name and Address of New Registered Agent

Name  
ROBERT GINSBERG

Street Address (P.O. Box Number is Not Acceptable)  
1712 JOHN ANDERSON DRIVE

City  
ORMOND BEACH FL Zip Code  
32176

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

4/28/05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GINSBERG, JOSEPH  
1444 N ATLANTIC AVE.  
DAYTONA BEACH, FL

☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HUT, BETTY  
920 FOREST AVE  
RYE, NY

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GINSBERG, ROBERT (ASST)  
1712 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
GINSBERG, ROBERT  
1712 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HUT, BETTY  
920 FOREST AVE.  
RYE, NY

☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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SIGNATURE  ROBERT GINSBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/05 386/444-0092