

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 570294

1. Entity Name

J.C.R.B. INVESTMENT CORP.



Principal Place of Business

1712 JOHN ANDERSON DR F
ORMOND BEACH, FL 32176

Mailing Address

1712 JOHN ANDERSON DR F
ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1819250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GINSBERG, JOSEPH
1712 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

**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

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

U000000511123
04/29/06-00038-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HUT, BETTY
STREET ADDRESS	920 FOREST AVE
CITY-ST-ZIP	RYE, NY
TITLE	PD
NAME	GINSBERG, ROBERT
STREET ADDRESS	1712 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	V
NAME	HUT, BETTY
STREET ADDRESS	920 FOREST AVE.
CITY-ST-ZIP	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 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: *Robert Ginsberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/06: New: cl