


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90004 022 ***150.00

DOCUMENT # P00000018321	
1. Entity Name JCL INVESTMENTS, INC.	

Principal Place of Business 304 SR 200 A1A FERNANDINA BEACH, FL 32034 US	Mailing Address PO BOX 653 FERNANDINA BEACH, FL 32034
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2. Principal Place of Business 3032 S. 8TH ST / A1A	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FERNANDINA BEACH, FL	City & State
Zip 32034	Country US
Zip 32035	Country



01062005 Chg-P CR2E034 (10/03)


4. FEI Number 65-0994244	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LASSERRE, JON C 304 SR 2001 A1A FERNANDINA BEACH, FL 32034	
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7. Name and Address of New Registered Agent Name LASSERRE JON C Street Address (P.O. Box Number is Not Acceptable) 3032 S. 8TH ST / A1A City FERNANDINA BEACH FL Zip Code 32034	
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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 **1/6/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSERRE, JON C 304 SR 2001 A1A FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LASSERRE, JON C. 3032 S. 8TH ST / A1A FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  DATE **1/6/05**