


2004 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-05-2004 90199 021 ***150.00

DOCUMENT # P03000131853			
1. Entity Name JCL INVESTMENT GROUP INC.			
Principal Place of Business 10121 CALUMENT LANE LAKE WORTH, FL 33467		Mailing Address 10121 CALUMENT LANE LAKE WORTH, FL 33467	
2. Principal Place of Business 6649 Forest Hill Blvd		3. Mailing Address 6649 Forest Hill Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Bch, FL		City & State West Palm Bch, FL	
Zip 33413	Country	Zip 33413	Country
6. Name and Address of Current Registered Agent LEE, JEFFREY C 10121 CALUMENT LANE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JEFFREY C 10121 CALUMENT LANE LAKE WORTH, FL 33467 <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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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 _____ Daytime Phone # _____			

66427373



02242004 Chg-P CR2E034 (10/03)

4. FEI Number **54-21381024** Applied For ☐ Not Applicable ☐

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