


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000041191		
1. Entity Name JCBH PROPERTIES, INC.		

Principal Place of Business 45 N BEAL PKWY FT WALTON BCH, FL 32548 US	Mailing Address PO BOX 1600 FT WALTON, FL 32549 US
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DO NOT WRITE IN THIS SPACE



01162004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3358175	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

BARKER, GENE G
45 N BEAL PKWY
FT WALTON BCH, FL 32548

**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 remaining) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAY, J. STEVE 36474 A EMERALD COAST PKWY, #1201 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, GENE G 45 BEAL PKWY FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINS, MARJORIE L 45 BEAL PKWY FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, JOSEPH W 45 BEAL WAY FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80059-013 150.00

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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: *Gene G Barker* 1/16/04 850-244-5127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #