


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000041191 1. Entity Name JCBH PROPERTIES, INC.	
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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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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

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

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02/09/05-80057-023 150.00

**DO NOT WRITE
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)(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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gene G. Barker *2/7/05* *850-244-5121*
Gene G. Barker 2/7/05 850-244-5121