

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 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



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3358175

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

000000418648  
02/14/06-80014-023 150.00

## 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

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gene G. Barker* Gene G. Barker / 21 / 06 850-244-51