2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

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

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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 _____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000780146
01/14/08-80009-024 150.00

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

SIGNATURE: Gene G Barker Gene G. Barker 1/9/08 850-244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #