2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041191

Entity Name: JCBH PROPERTIES, INC.

FILED Jan 06, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
45 N BEAL FT WALTO	_ PKWY ON BCH, FL 32548 US	
Current M	lailing Address:	New Mailing Address:
PO BOX 1 FT WALTO	600 DN, FL 32549 US	
FEI Number	: 59-3358175 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BARKER, 45 N BEAL FT WALTO		
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	Agent Date
Election Car	mpaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete JAY, J. STEVE 36474 A EMERALD COAST PKWY, #1201 DESTIN, FL 32541	Title: D (X) Change () Addition Name: JAY, J. STEVE Address: 36474 C EMERALD COAST PKWY SUITE 3301 City-St-Zip: DESTIN, FL 32541
Title: Name: Address: City-St-Zip:	D () Delete BARKER, GENE G 45 BEAL PKWY FT WALTON BEACH, FL 32548	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete CUMMINS, MARJORIE L 45 BEAL PKWY FT WALTON BEACH, FL 32548	Title: D (X) Change () Addition Name: CUMMINS, MARJORIE L Address: 36474C EMERALD COAST PKWY SUITE 3301 City-St-Zip: DESTIN, FL 32541
Title: Name: Address:	D () Delete HENDERSON, JOSEPH W 45 BEAL WAY	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GENE G BARKER OD 01/06/2009

FT WALTON BEACH, FL 32548

City-St-Zip: