

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000014178

1. Entity Name  
J. G. B. INVESTMENTS, INC.



Principal Place of Business  
3124 W. NEW HAVEN  
WEST MELBOURNE, FL 32904

Mailing Address  
% JAMES BURKE, JR  
209 IVORY DR  
MELBOURNE BEACH, FL 32951

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00



08182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3396299- Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKE, JAMES G JR.  
209 IVORY DRIVE  
MELBOURNE BEACH, FL 32951

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BURKE, JAMES G JR. 209 IVORY DR MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BURKE, KIM 209 IVORY DR MELBOURNE BEACH, FL 32951
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500041909435  
10/15/04--01098--025 \*\*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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BURKE, JR. 8/18/04 (32) 722-0180

Date

Daytime Phone #