


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000014178</b>	
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
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04132005 No Chg-P CR2E034 (10/03)

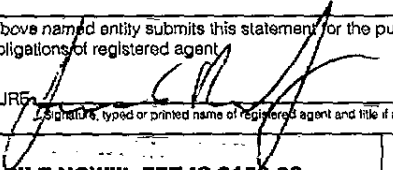
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3396299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BURKE, JAMES G JR. 209 IVORY DRIVE MELBOURNE BEACH, FL 32951
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**DO NOT WRITE  
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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:  *President* 4/25/05  
(NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BURKE, JR, JAMES G 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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04/27/05-80025-016 150.00

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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:  4/25/05 321-727-0180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #