


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000063410**

1. Entity Name  
**JACOBS FINANCIAL, INC.**



Principal Place of Business  
**4273 PINE RIDGE CT  
 WESTON, FL 33331**

Mailing Address  
**4273 PINE RIDGE CT  
 WESTON, FL 33331**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0604042**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBS, BRUCE R  
 WEDDERBURN & JACOBS, P.A.  
 16300 N.E. 19 AVE., SUITE 208  
 NORTH MIAMI BEACH, FL 33162**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

UD00000112005  
 04/14/04-80006-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, RONALD M
STREET ADDRESS	4273 PINE RIDGE CT
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	JACOBS, JUDITH
STREET ADDRESS	4273 PINE RIDGE CT
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  **4-12-04** **954-217-1993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #