2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P98000055215

Entity Name: THE LAW OFFICES OF ROBERT J. JACOBS, P.A.

Current Principal Place of Business:

4727 NW 53RD AVENUE
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

4727 NW 53RD AVENUE
SUITE A
GAINESVILLE, FL 32653

Current Mailing Address:

4727 NW 53RD AVENUE
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

4727 NW 53RD AVENUE
SUITE A
GAINESVILLE, FL 32653

FEI Number: 59-3516103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, ROBERT J
4727 NW 53RD AVENUE
SUITE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

JACOBS, ROBERT J
4727 NW 53RD AVENUE
SUITE A
GAINESVILLE, FL 32653 US

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.

SIGNATURE: ROBERT J. JACOBS 03/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete
Name: JACOBS, ROBERT
Address: 4727 NW 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL 32606

Title: TD ( ) Delete
Name: JACOBS, ROBERT
Address: 4727 NW 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition
Name: JACOBS, ROBERT
Address: 4727 NW 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL 32653

Title: TD (X) Change ( ) Addition
Name: JACOBS, ROBERT
Address: 4727 NW 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL 32653

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.

SIGNATURE: MICHAEL SCHWARTZ OMNG 03/25/2009
Electronic Signature of Signing Officer or Director Date