

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000063410

Entity Name: JACOBS FINANCIAL, INC.**Current Principal Place of Business:**6100 HOLLYWOOD BOULEVARD
201
HOLLYWOOD, FL 33024**Current Mailing Address:**6100 HOLLYWOOD BOULEVARD
201
HOLLYWOOD, FL 33024 US**FEI Number:** 65-0604042**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBS, BRUCE RR.A.
WEDDERBURN & JACOBS, P.A.
6100 HOLLYWOOD BOULEVARD. SUITE #201
HOLLYWOOD, FL 33024 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	JACOBS, BRUCE R
Address	6100 HOLLYWOOD BOULEVARD 201
City-State-Zip:	HOLLYWOOD FL 33024

Title	TREASURER
Name	JACOBS, HANNAH
Address	7517 CODDLE HARBOR LANE
City-State-Zip:	POTOMAC MD 20854

Title	VP, DIRECTOR
Name	JACOBS, ROBERT P
Address	7517 CODDLE HARBOR LANE
City-State-Zip:	POTOMAC MD 20854

Title	SECRETARY
Name	JACOBS, JAKE
Address	7517 CODDLE HARBOR LANE
City-State-Zip:	POTOMAC MD 20854

I hereby 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 all other like empowered.

SIGNATURE: BRUCE RICHARD JACOBS**PRESIDENT****02/23/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date