2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292396

City-St-Zip:

TAMPA, FL 33624

FILED Jun 23, 2008 Secretary of State

Entity Nai	me: THE JAC	COBS GROUP, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
5421 BEAUMONT CENTER BLVD SUITE 600 TAMPA, FL 33634				11203 COUNTRYWAY BLVD. TAMPA, FL 33626		
Current Mailing Address:				New Mailing Address:		
5421 BEAUMONT CENTER BLVD SUITE 600 TAMPA, FL 33634				11203 COUNTRYWAY BLVD. TAMPA, FL 33626		
FEI Number:	: 59-1097991	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
JACOBS, PAUL S 5421 BEAUMONT CENTER BLVD SUITE 600 TAMPA, FL 33634 US The above named entity submits this statement for the purpose of				JACOBS, PAUL S 11203 COUNTRYWAY BLVD. TAMPA, FL 33626 US		
	named entity e of Florida.	submits this statement for th	e purpose o	i cnanging its register	ed oπice or registered agent, or both,	
SIGNATURE:				06/23/2008		
Electronic Signature of Registered Agent					Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (JACOBS, PAU 3083 OAK CR CLEARWATEI	EEK DR N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (VERSCHAREN 22607 SOUTH LAND O'LAKE	ISHORE DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MUELLER, DA) Delete NID WOOD VILLAGE DR		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PAUL JACOBS PD 06/23/2008