2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 500000

Entity Name: LARRY M. JACOBS AND ASSOCIATES, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

328 EAST GADSDEN STREET
PENSACOLA, FL 32501

328 EAST GADSDEN STREET
PENSACOLA, FL 32501

US

Current Mailing Address: New Mailing Address:

328 EAST GADSDEN STREET
PENSACOLA, FL 32501

328 EAST GADSDEN STREET
PENSACOLA, FL 32501

US

FEI Number: 59-1666174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACOBS, LARRY M. 328 EAST GADSDEN STREET PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: JACOBS, LARRY M. Name: JACOBS, LARRY M. Address: 328 E GADSDEN ST. Address: 328 E GADSDEN ST.

Address: 328 E GADSDEN ST. Address: 328 E GADSDEN ST.
City-St-Zip: PENSACOLA FL, City-St-Zip: PENSACOLA, FL 32501 US

Title: S () Delete Title: S (X) Change () Addition Name: JACOBS, KEITH V Name: JACOBS, KEITH V

 Name:
 JACOBS, RETH V

 Address:
 328 E GADSDEN ST.

 City-St-Zip:
 PENSACOLA, FL 32501

 City-St-Zip:
 PENSACOLA, FL 32501 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 JACOBS, KEITH V
 Name:
 JACOBS, KEITH V

 Address:
 328 E GADSDEN ST.
 Address:
 328 E GADSDEN ST.

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32501 US

Title: () Delete Title: (X) Change () Addition SANCHEZ, SARAH JOHNSON SANCHEZ, SARAH JOHNSON Name: Name: Address: 328 E. GADSON STREET Address: 328 E. GADSON STREET City-St-Zip: City-St-Zip: PENSACOLA, FL 32501 PENSACOLA, FL 32501 US

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: LARRY M JACOBS PD 04/29/2009