


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90287 004 \*\*\*150.00

<b>DOCUMENT # 545276</b> 1. Entity Name WILLIAM P. JACOBSON, P.A.	
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Principal Place of Business 105 S. MARCISSUS AVE STE 200 W. PALM BEACH, FL 33401 US	Mailing Address 105 S. MARCISSUS AVE STE 200 W. PALM BEACH, FL 33401 US
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**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1808673	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JACOBSON, WILLIAM P 105 S. NARCISSUS AVE 200 W. PALM BEACH, FL 33401
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**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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JACOBSON, WILLIAM P 105 S. MARCISSUS AVE WEST PALM BEACH, FL
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/11/05 561-833-4440 <small>Date Daytime Phone</small>
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