

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 545862

1. Entity Name
JACOBSEN MANUFACTURING, INC.



Principal Place of Business
**600 PACKARD COURT
SAFETY HARBOR, FL 34695 US**

Mailing Address
**P O BOX 368
SAFETY HARBOR, FL 34695 US**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1763322** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLSON, EDWARD D
250 N. BELCHER RD. STE. 102
CLEARWATER, FL 34625**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBSEN, WILLIAM ROBERT
STREET ADDRESS	901 4TH STREET NORTH
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	VS
NAME	BOUGHTON, SIDNEY
STREET ADDRESS	901 4TH STREET NORTH
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	P
NAME	SCHRADER, DENNIS
STREET ADDRESS	901 4TH STREET N.
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	V
NAME	RHODES, DUSTY
STREET ADDRESS	901 4TH STREET NORTH
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80051-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-06 727-726-1138