

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # 650009

1. Entity Name  
JACOBS & GOODMAN, P.A.



Principal Place of Business  
890 S. R. 434 NO.  
ALTAMONTE SPRGS, FL 32714

Mailing Address  
890 S. R. 434 NO.  
ALTAMONTE SPRGS, FL 32714



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1957085

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, LAUREN B  
890 S.R. 434 NO  
ALTAMONTE SPGS, FL 32714

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | DVS                       |
| NAME           | JACOBS, HARRY N           |
| STREET ADDRESS | 890 S.R. 434 N.           |
| CITY-ST-ZIP    | ALTAMONTE SPGS, FL 00000. |
| TITLE          | DPT                       |
| NAME           | GOODMAN, LAUREN B         |
| STREET ADDRESS | 890 S.R. 434 N.           |
| CITY-ST-ZIP    | ALTAMONTE SPGS, FL 00000. |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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05/20/08-80099-012-150.00

**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:

*Lauren Goodman*

LAUREN GOODMAN, PRESIDENT 4/28/08 407-788-2949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #