2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 650009

Entity Name: JACOBS & GOODMAN, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

890 S. R. 434 N.
ALTAMONTE SPGS, FL 32714 US

Current Mailing Address:

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

New Mailing Address:

890 S. R. 434 N.
ALTAMONTE SPGS, FL 32714 US

FEI Number: 59-1957085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOODMAN, LAUREN B
890 S.R. 434 N.
ALTAMONTE SPGS, FL 32714 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: LAUREN B. GOODMAN 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: JACOBS, HARRY N
Address: 890 S.R. 434 N.
City-St-Zip: ALTAMONTE SPGS, FL 00000,

Title: DPT ( ) Delete
Name: GOODMAN, LAUREN B
Address: 890 S.R. 434 N.
City-St-Zip: ALTAMONTE SPGS, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: JACOBS, HARRY N
Address: 890 S.R. 434 N.
City-St-Zip: ALTAMONTE SPGS, FL 32714 US

Title: DPT (X) Change ( ) Addition
Name: GOODMAN, LAUREN B
Address: 890 S.R. 434 N.
City-St-Zip: ALTAMONTE SPGS, FL 32714 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: LAUREN B. GOODMAN DPT 04/27/2009
Electronic Signature of Signing Officer or Director Date