2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F60789

1. Entity Name
MIKE JACOBS INC.



FILED
Mar 03, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

6057 NW 73RD CT PARKLAND, FL 33067 6057

DO NOT WRITE IN THIS SPACE

6057 NW 73RD CT PARKLAND, FL 33067



02272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2158822

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, MARVIN 6057 NW 73RD CT PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

				IN	IHIS SPACE
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 1.1. Visconia (1) 1.1. Visconia (1)			ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE!			d Agent signature required when reinstating) DATE		
FIL	F1	Election Campaign Financin Trust Fund Contribution.	g 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
NAME STREET ADDRESS CITY-S1-ZIP	PD DANIELS, MARVIN 6057 NW 73RD CT PARKLAND, FL 33067 SD DANIELS, ELEANOR 6057 NW 73RD CT PARKLAND, FL 33067				U00000846052 03/18/08-80012-017 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIELS, ANDREW E CPA 6057 NW 73RD COURT POMPANO BEACH, FL 33067		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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:

CITY-ST-ZIP

NAME . . . STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED ORPRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/29/08

954-345-4002