


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # G64083<br>1. Entity Name<br>LEONARD F. JACOBS BUILDERS, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>407 COARTLEA CK DR<br>WINTER GARDEN, FL 34787 US | Mailing Address<br>P O BOX770067<br>WINTER GARDEN, FL 34777-067 US |
|---|--|

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2321164                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JACOBS, LEONARD F  
 407 COURT LEA CR DR  
 WINTER GARDEN, FL 34777-0067

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000099554  
 03/31/04-80010-020 150.00

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>JACOBS, LEONARD F<br>407 COURTLEA CK DR<br>WINTER GARDEN, FL 34777 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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)(f), 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 Leonard F. Jacobs **LEONARD F. JACOBS** Date 3-28-04 Daytime Phone # \_\_\_\_\_