
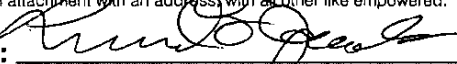


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 011 ***150.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # G64083 | | | |  | |
| 1. Entity Name LEONARD F. JACOBS BUILDERS, INC. | | | | | |
| Principal Place of Business 407 COARTLEA CK DR WINTER GARDEN, FL 34787 US | | | Mailing Address P O BOX770067 WINTER GARDEN, FL 34777-067 US | | |
| 2. Principal Place of Business 428 TIERRA VERDE LANE | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02172005 Chg-P CR2E034 (10/03) | |
| City & State WINTER GARDEN, FL | | City & State | | 4. FEI Number 59-2321164 | |
| Applied For Not Applicable | | | | | |
| Zip 34787 | Country | Zip | Country | 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 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name: | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 428 TIERRA VERDE LANE | | |
| | | | City WINTER GARDEN | FL | Zip Code 34787 |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | 5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JACOBS, LEONARD F 407 COURTLEA CK DR WINTER GARDEN, FL 34777 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 428 TIERRA VERDE LANE WINTER GARDEN, FL 34787 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | Date _____ Daytime Phone # _____ | | |
| LEONARD F. JACOBS | | | | | |

FLORIDA COPY