## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # G64083** 

LEONARD F. JACOBS BUILDERS, INC.



Apr 10, 2007 08:00 Al Secretary of State

**FILED** 

Principal Place of Business

**428 TIERRA VERDE LANE** 

WINTER GARDEN, FL 34787 US Mailing Address

P 0 B0X770067

WINTER GARDEN, FL 34777-067 US



03232007

No Chg-P

CR2E034 (11/05)

4-6-07

Daytime Phone #

4. FEI Number 59-2321164

LEONARDF JACOBS

Date

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JACOBS, LEONARD F **428 TIERRA VERDE LANE** WINTER GARDEN, FL 34787

## 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 fille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing ,	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DP JACOBS, LEONARD F 428 TIERRA VERDE LANE WINTER GARDEN, FL 34787	į	I.		11202000027400
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000697136 04/18/07-80028-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	1				
12. I hereby certify that the information supplied with this filling 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 export 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 than exposured.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2