## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G64083

1. Entity Name

LEONARD F. JACOBS BUILDERS, INC.



FILED Mar 27, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

428 TIERRA VERDE LANE

P 0 B0X770067

WINTER GARDEN, FL 34787 U

WINTER GARDEN, FL 34777-067 US



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02112008 No Chg-P CR2E034 (11/05)

59-2321164

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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 title if	/ Land		required when reinstaling)	DATE					
	DATE									
- FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	:					
10.	OFFICERS AND DIREC	CTORS								
TITLE	DP									
NAME	JACOBS, LEONARD F									
STREET ADDRESS	428 TIERRA VERDE LANE				j					
CITY-ST-ZIP	WINTER GARDEN, FL 34787				:					
TITLE					UCO900870355					
NAME					04/09/08-80112-008 150.00					
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TITLE NAME										
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CITY-ST-ZIP	**********									
TITLE										

12. Thereby 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 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:

STREET ADDRESS C!IY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF S

LEONARD JACOBS

SIGNING OFFICER OR DIRECTOR

3-25-08

Daytime Phone #

FIARINA CAPY