

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90029 014 ***150.00

60009913



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2952864	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBS, JAMES R.
365 N. HART RD.
GENEVA, FL 32732

**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

James R. Jacobs
Signature, typed or printed name of registered agent and title if applicable.

James R. Jacobs

(NOTE: Registered Agent signature required when reinstating)

01/28/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, JR. JAMES R.
STREET ADDRESS	P.O. BOX 886 1761 OLD 100 ROAD
CITY-ST-ZIP	GENEVA, FL

TITLE	D
NAME	JACOBS, LINDA
STREET ADDRESS	365 N. HART ROAD
CITY-ST-ZIP	GENEVA, FL

TITLE	D
NAME	JACOBS, JAMIE
STREET ADDRESS	365 N. HART ROAD
CITY-ST-ZIP	GENEVA, FL

TITLE	P
NAME	JACOBS, JAMES R
STREET ADDRESS	P.O BOX 1044-365 N HART RD.
CITY-ST-ZIP	GENEVA, FL 32732

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

James R. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/06
Date

407-349-3704
Daytime Phone #