

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90039 029 \*\*\*150.00

**DOCUMENT # L13466**

1. Entity Name  
**JACOBS-LAKEWOOD ESTATES, INC.**



Principal Place of Business  
**304 KENWITH RD  
LAKELAND, FL 33803-2624**

Mailing Address  
**304 KENWITH RD  
LAKELAND, FL 33803-2624**

40009540



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2966111**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LAUTERIA, LOUIS  
605 E. ROBINSON STREET  
SUITE 620  
ORLANDO, FL 32801-2946**

**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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	JACOBS, ELIZABETH T
STREET ADDRESS	304 KENWITH RD
CITY-ST-ZIP	LAKELAND, FL 338032624
TITLE	V
NAME	LAUTERIA, LOUIS H
STREET ADDRESS	605 E ROBINSON STREET STE 620
CITY-ST-ZIP	ORLANDO, FL 328012046
TITLE	S
NAME	LAUTERIA, GAYLEY J
STREET ADDRESS	746 TERRACE BLVD
CITY-ST-ZIP	ORLANDO, FL 328033219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08

Date

407-872-6829

Daytime Phone #