


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L36327 1. Entity Name JACOBS INDUSTRIES, INC.	
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Principal Place of Business 2753 STATE ROAD 580 SUITE 201 CLEARWATER, FL 33761-3345 US	Mailing Address 2753 STATE ROAD 580 SUITE 201 CLEARWATER, FL 33761-3345 US
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DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2985619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**AVIS, RICHARD T
1325 SNELL ISLAND BLVD
SUITE 205C
ST. PETERSBURG, FL 33704**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/08/06-80010-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUDLE, MARGUERITE P 40 LANCE CT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLINN, JOHN L 2804 WILTSHIRE AVENUE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLINN, LINDA C 2804 WILTSHIRE AVENUE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGM CAUDLE, L.W. 40 LANCE COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 *Marguerite P. Caudle* **MARGUERITE P. CAUDLE** **3/20/06** **703-726-1390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #