


**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT P00000076531</b>				<b>Secretary of State</b> 05-03-2006 90254 046 ***150.00	
1. Entity Name <b>JIM JAKUBOWSKI, INC.</b>					
Principal Place of Business <b>7046 GREEN ST NEW PORT RICHEY, FL 34652</b>		Mailing Address <b>16528 N DALE MABRY HWY TAMPA, FL 33618</b>			
2. Principal Place of Business		3. Mailing Address		01112006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3668533</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Walter Sanders</i>		Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4/10/06</i>	
SIGNATURE <i>Walter Sanders</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAKUBOWSKI, JIM		NAME		
STREET ADDRESS	7046 GREEN ST		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 <i>Jim Jakubowski</i>		Signature, typed or printed name of signing officer or director		DATE <i>4/26/06</i>	
SIGNATURE <i>Jim Jakubowski</i>		Signature, typed or printed name of signing officer or director		DATE	