


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90066 030 ***150.00

DOCUMENT # P01000009456	
1. Entity Name KAY C. JACOBS, INC.	

Principal Place of Business 2332 HAPPY LANE JACKSONVILLE FL 32218	Mailing Address 2332 HAPPY LANE JACKSONVILLE FL 32218
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2. Principal Place of Business 48124 Melrose Place	3. Mailing Address 48124 Melrose Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hilliard, Florida	City & State Hilliard, Florida
Zip 32046	Zip 32046
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
JACOBS, KAY C 2332 HAPPY LANE JACKSONVILLE FL 32218	

4. FEI Number 59-3697692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, KAY C		NAME	
STREET ADDRESS 2332 HAPPY LANE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32218		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, STANLEY R		NAME	
STREET ADDRESS 2332 HAPPY LANE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32218		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, DWAYNE A JR.		NAME	
STREET ADDRESS 11469 HOBART BLVD.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32218		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<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 NAME	<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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Kay C Jacobs Kay C. Jacobs 3/27/04 904-845-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #