2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000009456

1. Entity Name
KAY C. JACOBS, INC.

Principal Place of Business	Mailing Address
48124 MELROSE PLACE HILLIARD, FL 32046	48124 MELROSE PLACE HILLIARD, FL 32046

DO NOT WRITE IN THIS SPACE

03032008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3697692		Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, KAY C
18124 MELROSE PLACE
HILLIARD, FL 32046

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

U000000857186
03/31/08-89004-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JACOBS, KAY C
STREET ADDRESS	18124 MELROSE PLACE
CITY-ST-ZIP	HILLIARD, FL 32046

TITLE	VD
NAME	JACOBS, STANLEY R
STREET ADDRESS	18124 MELROSE PLACE
CITY-ST-ZIP	HILLIARD, FL 32046

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Stanly Jacobs_   STANLEY JACOBS V. PRESIDENT   3-3-08   904-845-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #