


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **PD1000074821**  
1. Entity Name  
**JABEZ Investment Group, Inc.**



**FILED**

11 MAY 17 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
**1400 E. Gonzalez St**  
Suite, Apt. #, etc.  
**Pensacola, FL**  
City & State

3. Mailing Address  
**1400 E. Gonzalez St**  
Suite, Apt. #, etc.  
**Pensacola, FL**  
City & State

4. FEI Number  
**90-0015567**

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

Zip **32501** Country **USA** Zip **32501** Country **USA**

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name **Michael Schroeder**  
Street Address (P.O. Box Number is Not Acceptable)  
**1400 E. Gonzalez St**  
City **Pensacola** FL Zip Code **32501**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended AR is \$61.28  
Make Check Payable to Florida Department of State

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

E-mail Address:  
**Michael.Schroeder790@gmail.com**  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL SCHROEDER, PIPS 1400 E. GONZALEZ ST PENSACOLA, FL 32501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**600207326286**  
05/06/11 01045-007 \*\*150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **MICHAEL SCHROEDER, PIPS** *Michael Schroeder* 5-1-11 850.433.7658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

5/17/11