


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90153 047 ***150.00

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|---|---|
| DOCUMENT # P03000059144 1. Entity Name DEFENDER PROPERTIES AND INVESTMENTS, INC. |  |
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| Principal Place of Business 6095 DEER RUN RD NORTH PORT, FL 34286 US | Mailing Address P.O. BOX 7497 NORTH PORT, FL 34287 US |
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBS, DONALD P
6093 DEER RUN RD
NORTH PORT, FL 34286

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| 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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT JACOBS, DONALD P 6093 DEER RUN RD NORTH PORT, FL 34286 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JACOBS, JUDITH N 6093 DEER RUN RD NORTH PORT, FL 34286 |
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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: Donald P. Jacobs Pres 4/17/06 941-468-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #