

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000099349**

1. Entity Name  
**JACORD, INC.**



Principal Place of Business  
**3825 HENDERSON BOULEVARD  
SUITE 100  
TAMPA, FL 33629 US**

Mailing Address  
**PO BOX 18404  
TAMPA, FL 33679 US**



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>90-0113834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**REIBER, SAM I  
3821 HENDERSON BOULEVARD  
TAMPA, FL 33629**

**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: \_\_\_\_\_

**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

U00000892223  
04/23/08-80058-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE: P  
NAME: JACOBSON, MEL S  
STREET ADDRESS: 3825 HENDERSON BOULEVARD  
CITY-ST-ZIP: TAMPA, FL 33629

TITLE: VP  
NAME: JACOBSON, MEL S  
STREET ADDRESS: 3825 HENDERSON BOULEVARD  
CITY-ST-ZIP: TAMPA, FL 33629

TITLE: S  
NAME: JACOBSON, CYNTHIA  
STREET ADDRESS: 3825 HENDERSON BOULEVARD  
CITY-ST-ZIP: TAMPA, FL 33629

TITLE: T  
NAME: JACOBSON, CYNTHIA  
STREET ADDRESS: 3825 HENDERSON BOULEVARD  
CITY-ST-ZIP: TAMPA, FL 33629

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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: X Mel S Jacobson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08 813-876-3131  
Date Daytime Phone #