

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000136515

1. Entity Name
JACOB A. BOLTON, INC.



Principal Place of Business
228 - 23RD AVENUE SW
LARGO, FL 33778

Mailing Address
228 - 23RD AVENUE SW
LARGO, FL 33778

FILED
04 APR 30 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

61-1459953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, JOY BOLTON
2970 HUNTINGTON DRIVE
TALLAHASSEE, FL 32308

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BOLTON, JACOB A
STREET ADDRESS 228 - 23RD AVENUE SW
CITY-ST-ZIP LARGO, FL 33778

TITLE ☐ Change ☐ Addition
NAME 700036199247
STREET ADDRESS 05/12/04--01051--012
CITY-ST-ZIP **150.00

TITLE ST ☐ Delete
NAME HERRING, JOY BOLTON
STREET ADDRESS 228 - 23RD AVENUE SW
CITY-ST-ZIP LARGO, FL 33778

TITLE ST ☒ Change ☐ Addition
NAME HERRING, JOY BOLTON
STREET ADDRESS 2970 Huntington Drive, Tallahassee, FL 32308
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer 850/385-7320
Date Daytime Phone #