

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136515

Entity Name: JACOB A. BOLTON, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

11824 LYNMOOR DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

3673 BRAEMERE DR
SPRING HILL, FL 34609

Current Mailing Address:

C/O TREASURER
POST OFFICE BOX 13012
TALLAHASSEE, FL 323173012

New Mailing Address:

FEI Number: 61-1459953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRING, JOY BOLTON
2970 HUNTINGTON DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLTON, JACOB A
Address: 11824 LYNMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: ST () Delete
Name: HERRING, JOY BOLTON
Address: P.O.BOX 13012
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLTON, JACOB A
Address: 3673 BRAEMERE DR
City-St-Zip: SPRING HILL, FL 34609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB A BOLTON

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date