


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90019 004 \*\*\*150.00

<b>DOCUMENT # P04000020613</b> 1. Entity Name JACOBS INSURANCE AGENCY, INC.	
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Principal Place of Business 126 W MAIN ST WAUCHULA, FL 33834	Mailing Address PO BOX 639 WAUCHULA, FL 33873
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**50007733**



**DO NOT WRITE IN THIS SPACE**

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0672401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JACOBS, BETTINA 704 DOC COIL ROAD BOWLING GREEN, FL 33834
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, BETTINA 704 DOC COIL ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, ROY 704 DOC COIL ROAD WAUCHULA, FL 33873
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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: Bettina Jacobs BETTINA JACOBS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 863 773 4815  
Date Daytime Phone #