

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

03-31-2006 90019 003 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000020620

1. Entity Name
JACOBS BAIL BONDS INC



Principal Place of Business

**126 W MAIN ST
WAUCHULA, FL 33873**

Mailing Address

**PO BOX 639
WAUCHULA, FL 33873**

50007734



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0672361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, BETTINA
704 DOC COIL ROAD
BOWLING GREEN, FL 33834**

**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 re-registering) 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	P
NAME	JACOBS, BETTINA
STREET ADDRESS	126 W MAIN ST
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	VP
NAME	JACOBS, ROY
STREET ADDRESS	126 W MAIN ST
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Bettina Jacobs BETTINA JACOBS Pres 1/19/06 863 767 1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #