

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000061738**

1. Entity Name  
**D. JACOBS CARPENTRY, INC.**



Principal Place of Business  
**55081 WHITE OAKS PLACE  
CALLAHAN, FL 32011**

Mailing Address  
**55081 WHITE OAKS PLACE  
CALLAHAN, FL 32011**



07312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**51-0502254**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**JEFFERSON, JOE D  
5412 MORSE AVE  
JACKSONVILLE, FL 32244**

**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

*JOE D. JEFFERSON / RA*

*7/31/06*

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JACOBS, DWAYNE A JR
STREET ADDRESS	55081 WHITE OAKS PLACE
CITY-ST-ZIP	CALLAHAN, FL 32011

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000573870  
08/08/06-80006-005-150.00

**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:**

*Dwayne Jacobs Jr.*  
**PRESIDENT / 7-31-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*904-483-6650*