

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076759

Entity Name: MARGARET JACOBS, P.A.

FILED  
Apr 16, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 770754  
NAPLES, FL 34107

**New Principal Place of Business:**

5060 CORAL WOOD DR  
NAPLES, FL 34119

**Current Mailing Address:**

P.O. BOX 770754  
NAPLES, FL 34107

**New Mailing Address:**

FEI Number: 22-3913561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAURA OLSZEWSKI & ASSOCIATES, PA  
5401 TAYLOR RD  
SUITE 3  
NAPLES, FL 341090899 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: D ( ) Delete  
Name: JACOBS, MARGARET  
Address: P.O. BOX 770754  
City-St-Zip: NAPLES, FL 34107

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JACOBS, MARGARET  
Address: PO BOX 770754  
City-St-Zip: NAPLES, FL 34107 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET JACOBS

D

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date