

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092332

FILED
Mar 06, 2008
Secretary of State

Entity Name: JACOBY AND ASSOCIATES, INC.

Current Principal Place of Business:

1620 W OAKLAND PARK BLVD
SUITE 400
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

4240 GALT OCEAN DR
APT 702
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1257020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, BARRY
4240 GALT OCEAN DR #702
FT LAUDERDALE, FL 33308 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: JACOBY, BARRY L
Address: 4240 GALT OCEAN DR. #702
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P () Delete
Name: JACOBY, TREASURE K
Address: 4240 GALT OCEAN DR #702
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARRY JACOBY

P

03/06/2008

Electronic Signature of Signing Officer or Director

Date