2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 8:00 am Secretary of State

DOCUMENT # P07000073282 1. Entity Name TARA L. JACOBSEN PA							90035 005 ***15	
Principal Place of Business Mailing Address					⊣ գս ս∨	-		
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1600 CROWN ST Clearwater, Fl 33755 Clearwater, Fl 33755			155					
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		1				The state of the s		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			+		000004 (40100)	
Conto, 7 (pt.				03132008	Chg-P	CR2E034 (12/06)		
City & Stat	e ·	City & State		4. FEI Numb	240762 -		oplied For ot Applicable	
Zip	Country Zip Co		Country		-61	10/02	\$9.75 **	
	,		,		5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New Re	gistered Agent	
, ;				Name				
JACOBSEN, TARA L I 1600 CROWN ST⊖				Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER, FL 33755								
				City			FL Zip Coo	le
8. The above	named entity submits this statement	office or regis	tered agent, or bo	th, in the State of Flor	rida. I am familiar with	and accept		
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 Fiorida. I am familiar with, and acc the obligations of registered agent.								٠.
SIGNATURE (SULU) (UCOOS) X 3/13/8000								
Signature, typed or printed name of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees								
10.		D DIRECTORS	11,	·····	ADDITIONS	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
TITLE			TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP			CITY-ST					
TITLE			TITLE				☐ Change	☐ Addition
NAME	** - · · · · · · · · · · · · · · · · · ·		NAME				Change	Addition
STREET ADDRESS	STI		STREET	ADDRESS				
CITY-ST-ZIP	СП		CITY-ST	T- ZIP				
TITLE	— 2 · · · · ·		TITLE				☐ Change	Addition
NAME OVERT ARREST			NAME	1000000				
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS T-7IP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME		☐ Delete	NAME				☐ Change	Assition
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST	T-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS.	•			ADDRESS				
CITY-ST-ZIP	•		CITY-ST	- 457				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				ADDRESS				•
CITY-ST-ZIP			CITY-ST					
12. I hereby o	pertify that the information supplied wo on this report or supplemental report	ith this filing does not qualify for	or the exem	notions contain	ed in Chapter 119	9, Florida Statutes. I t	urther certify that the i	nformation

12. I nereby certify that the information supplied with this filling does not quality 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 receipter or trustee empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/13/2008 /

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