2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# P07000111517

Entity Name: JACOBS INSURANCE INC.

Current Principal Place of Business:

2135 SOUTH CONGRESS AVE
W PALM BCH, FL 33406

New Principal Place of Business:

2135 SOUTH CONGRESS AVE
SUITE 4B
W PALM BCH, FL 33406

Current Mailing Address:

2135 SOUTH CONGRESS AVE
W PALM BCH, FL 33406

New Mailing Address:

2135 SOUTH CONGRESS AVE
SUITE 4B
W PALM BCH, FL 33406

FEI Number: 35-2311434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, JOHN E
2135 SOUTH CONGRESS AVE
W PALM BCH, FL 33406 US

Name and Address of New Registered Agent:

JACOBS, JOHN E
2135 SOUTH CONGRESS AVE
SUITE 4B
W PALM BCH, FL 33406 US

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: 02/18/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JACOBS, JOHN E
Address: 2135 SOUTH CONGRESS AVE
City-St-Zip: W PALM BCH, FL 33406

Title: VP ( ) Delete
Name: JACOBS, GEORGIA J
Address: 2135 SOUTH CONGRESS AVE
City-St-Zip: W PALM BCH, FL 33406

Title: VP ( ) Delete
Name: STRAUB, KELLI
Address: 2135 SOUTH CONGRESS AVE
City-St-Zip: W PALM BCH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JACOBS, JOHN E
Address: 2135 SOUTH CONGRESS AVE., #4B
City-St-Zip: W PALM BCH, FL 33406

Title: VP (X) Change ( ) Addition
Name: JACOBS, GEORGIA J
Address: 2135 SOUTH CONGRESS AVE., #4B
City-St-Zip: W PALM BCH, FL 33406

Title: VP (X) Change ( ) Addition
Name: STRAUB, KELLI
Address: 2135 SOUTH CONGRESS AVE., 4B
City-St-Zip: W PALM BCH, FL 33406

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: JOHN E JACOBS PRES 02/18/2008
Electronic Signature of Signing Officer or Director — Date