

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111517

FILED
Mar 12, 2012
Secretary of State

Entity Name: JACOBS INSURANCE INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
SUITE 4B
W PALM BCH, FL 33406 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

OFFICERS AND DIRECTORS:

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

Title: TREA
Name: JACOBS, GEORGIA J
Address: 2135 SOUTH CONGRESS AVE., #4B
City-St-Zip: W PALM BCH, FL 33406

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

Title: SEC
Name: ANDERSON, ALTHEA
Address: 5039 CANAL CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: JOHN E JACOBS

P

03/12/2012

Electronic Signature of Signing Officer or Director

Date