
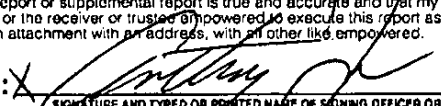


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90119 018 \*\*\*150.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |                            |  |   |  |   |
|--|----------------------------|--|---|--|---|
| <b>DOCUMENT # P94000011693</b>   |                            |  |   |             |   |
| 1. Entity Name<br><b>JACOBS &amp; SUAREZ, INC.</b>   |                            |  |   |  |   |
| Principal Place of Business<br><b>47 BAYSHORE DR<br/>PENSACOLA, FL 32507 US</b>  |                            |  | Mailing Address<br><b>47 BAYSHORE DR<br/>PENSACOLA, FL 32507 US</b> |  |   |
| 2. Principal Place of Business   |                            |  | 3. Mailing Address<br><b>P.O. Box 12924</b>                         |  |   |
| Suite, Apt. #, etc.  |                            |  | Suite, Apt. #, etc.   |  |   |
| City & State<br><b>Pensacola FL</b>  |                            |  | 4. FEI Number<br><b>59-3222320</b>                                  |  |   |
| Zip<br><b>32591</b>  |                            |  | Country   |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                            |  | Applied For<br><input type="checkbox"/> Not Applicable              |  |   |
| 6. Name and Address of Current Registered Agent<br><b>JACOBS, ANTHONY<br/>47 BAYSHORE DR<br/>PENSACOLA, FL 32507</b>   |                            |  | 7. Name and Address of New Registered Agent                         |  |   |
| Name   |                            |  | Street Address (P.O. Box Number is Not Acceptable)                  |  |   |
| City   |                            |  | Zip Code  |  |   |
| 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 Florida. I am familiar with, and accept the obligations of registered agent.  |                            |  |   |  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)</small>   |                            |  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>  |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |  |   |
| TITLE  | <b>D</b>                   | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>JACOBS, ANTHONY</b>     |  | NAME  |  |   |
| STREET ADDRESS   | <b>47 BAYSHORE DR</b>      |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP  | <b>PENSACOLA, FL 32507</b> |  | CITY - ST - ZIP   |  |   |
| TITLE  | <b>D</b>                   | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>SUAREZ, DON</b>         |  | NAME  |  |   |
| STREET ADDRESS   | <b>630 RIOLA PLACE</b>     |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP  | <b>PENSACOLA, FL</b>       |  | CITY - ST - ZIP   |  |   |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                            |  | NAME  |  |   |
| STREET ADDRESS   |                            |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP  |                            |  | CITY - ST - ZIP   |  |   |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                            |  | NAME  |  |   |
| STREET ADDRESS   |                            |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP  |                            |  | CITY - ST - ZIP   |  |   |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                            |  | NAME  |  |   |
| STREET ADDRESS   |                            |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP  |                            |  | CITY - ST - ZIP   |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered. |                            |  |   |  |   |
| SIGNATURE:    |                            |  | Date: <b>7/8/05</b> 850 453 8811                                    |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |  | Daytime Phone #   |  |   |

465 8/10/05