

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 006 ***150.00

DOCUMENT # P94000011693 1. Entity Name JACOBS & SUAREZ, INC.	
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Principal Place of Business 47 BAYSHORE DR PENSACOLA, FL 32507 US	Mailing Address P O BOX 12924 PENSACOLA, FL 32591 US
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DO NOT WRITE IN THIS SPACE

90010000



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3222320	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBS, ANTHONY 47 BAYSHORE DR PENSACOLA, FL 32507	DO NOT WRITE IN THIS SPACE
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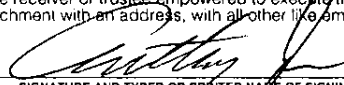
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBS, ANTHONY 47 BAYSHORE DR PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUAREZ, DON 630 RIOLA PLACE PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE:  **Anthony Jacobs** 1-14-08 850-453-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #