2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000083124

1. Entity Name
DONALD N. JACOBSON, P.A.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

4400 N FEDERAL HWY 210 210 4400 N FEDERAL HWY 210

210

BOCA RATON, FL 33431 US

BOCA RATON, FL 33431 US



DO NOT WRITE IN THIS SPACE

05012004 No Chg-P C

CR2E034 (10/03)

4. FEI Number 65-0633960 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, DONALD N ESQ. 4400 NORTH FEDERAL HIGHWAY, #210-24 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

		1			
8. The above the obligat	e named entity submits this statement for the plions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signatur	required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, DONALD 4400 N. FEDERAL HWY.#210-24 BOCA RATON, FL 33431		U00000150518 05/04/04-80010-004 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 cath; 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 attashment with an oddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 (30/04

561-338-9610

Daytime P