


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90694 004 ***150.00

DOCUMENT # P96000046829

1. Entity Name
JACOBONI INTERESTS, INC.



Principal Place of Business Mailing Address

PO BOX 952488 **5481 WAYSIDE DRIVE**
LAKE MARY, FL 32746 US **SANFORD, FL 32771**

2. Principal Place of Business 3. Mailing Address


PO Box 25188 **PO Box 25188**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

TAMARAC, FL **TAMARAC, FL**

Zip Country Zip Country

33320 USA **33320 USA**



101072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3395270 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

JACOBONI, JOSEPH J Name

5481 WAYSIDE DRIVE, 2100 N. OCEAN BLVD # 14E Street Address (P.O. Box Number is Not Acceptable)

SANFORD, FL 32771 FT LAUDERDALE, FL 33305 City **FL** 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBONI, JOSEPH J PO BOX 952488 PO Box 25188 LAKE MARY, FL 327952488 TAMARAC, FL 33320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR