

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**Mar 14, 2005 8:00 am  
Secretary of State**

02-03-2005 90049 027 \*\*\*150.00

**DOCUMENT # P97000063767**

1. Entity Name

JACOBSON'S PLANTS, INC.



Principal Place of Business

700 EAST KEENE RD.  
APOPKA FL 32703

Mailing Address

700 EAST KEENE RD.  
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3470446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

JACOBSON, BRUCE  
700 EAST KEENE RD.  
APOPKA FL 32703

Street Address (P.O. Box Number is Not Acceptable)

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE: 1-31-05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$350.00  
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  Delete  
NAME: JACOBSON, BRUCE  
STREET ADDRESS: 700 EAST KEENE RD.  
CITY-ST-ZIP: APOPKA FL 32703

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

3-9-05 407-889-2554  
Date Daytime Phone #