

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000034245	
1. Entity Name WALTER JAKOBOWSKI & ASSOCIATES, INC.	

Principal Place of Business 1208 ORANGE ISLE FT. LAUDERDALE, FL 33315-1655	Mailing Address 1208 ORANGE ISLE FT. LAUDERDALE, FL 33315-1655
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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0832674	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JAKOBOWSKI, WALTER T 1208 ORANGE ISLE FT. LAUDERDALE, FL 33315-1655
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**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000100327 04/01/04-80002-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P JAKOBOWSKI, WALTER T 1208 ORANGE ISLE FT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S JAKOBOWSKI, JUDITH E 1208 ORANGE ISLE FT LAUDERDALE, FL 33315
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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IN THIS SPACE**

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: *Judith E Jakobowski* 3/29/04 954 523-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #