



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000065914 1. Entity Name SHARON JACOBS, P.A.	
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Principal Place of Business 3076 BELL GROVE TALLAHASSEE, FL 32308	Mailing Address PO BOX 12612 TALLAHASSEE, FL 32317
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
04 JUL -7 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3530644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JACOBS, SHARON N 3076 BELL GROVE TALLAHASSEE, FL 32308	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

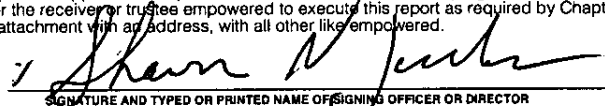
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, SHARON 3076 BELL GROVE TALLAHASSEE, FL 32308
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000038853320  
07/08/04--01003--003 \*\*150.00

**DO NOT WRITE  
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:  7-4-07

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