

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 018 ***150.00

60009609



01102007 Chg-P CR2E034 (12/06)

| | | | |
|--|--|--|---|
| DOCUMENT # S35403 1. Entity Name JACOBS, JACOBS & ASSOC., INC. | | | |
| Principal Place of Business 461 AIA BEACH BLVD. SUITE #201 ST. AUGUSTINE, FL 32080 US | | Mailing Address 461 AIA BEACH BLVD. SUITE #201 ST. AUGUSTINE, FL 32080 US | |
| 2. Principal Place of Business - No P.O. Box # 461 AIA BEACH BLVD Suite, Apt. #, etc. | | 3. Mailing Address 461 AIA BEACH BLVD Suite, Apt. #, etc. | |
| City & State ST. AUGUSTINE, FL Zip 32080 Country US | | City & State ST. AUGUSTINE, FL Zip 32080 Country US | |
| 4. FEI Number 59-3052141 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, RONALD W. P.A. 66 CUNA STREET SUITE B ST. AUGUSTINE, FL 32084 | | 7. Name and Address of New Registered Agent Name EDNA GRIFFEY Street Address (P.O. Box Number is Not Acceptable) 461 AIA BEACH BLVD City ST. AUGUSTINE FL Zip Code 32080 | |
| 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 <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> Edna Griffey, Corp Secy 1/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | VD JACOBS, PHILIP H. 461 AIA BEACH BLVD SAINT AUGUSTINE, FL 32080 <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 | PD JACOBS, MARY W. 461 AIA BEACH BLVD. SAINT AUGUSTINE, FL 32080 <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 |
| 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 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 1/10/07 Daytime Phone # 904-471-3066 | |