2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136515

FILED Apr 30, 2008 Secretary of State

Entity Name: JACOB A. BOLTON, INC. **Current Principal Place of Business: New Principal Place of Business:** 11824 LYNMOOR DRIVE 3673 BRAEMERE DR RIVERVIEW, FL 33569 SPRING HILL, FL 34609 **Current Mailing Address: New Mailing Address:** C/O TREASURER POST OFFICE BOX 13012 TALLAHASSEE, FL 323173012 FEI Number: 61-1459953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRING, JOY BOLTON 2970 HUNTINGTON DRIVE TALLAHASSEE, FL 32308 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BOLTON, JACOB A BOLTON, JACOB A Name: Name: 11824 LYNMOOR DRIVE 3673 BRAEMERE DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: SPRING HILL, FL 34609 Title: Title: () Change () Addition () Delete

 Name:
 HERRING, JOY BOLTON
 Name:

 Address:
 P.O.BOX 13012
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32317
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB A BOLTON P 04/30/2008