

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000096909

**Entity Name:** JACOBS IPM SERVICES, INC.

**Current Principal Place of Business:**

10829 SW 8TH AVE.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

7257 SW 4TH BLVD  
113  
GAINESVILLE, FL 32607

**FEI Number:** 59-3593812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACOBS, LARRY N  
10829 SW 8TH AVE.  
GAINESVILLE, FL 32607 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

**Officer/Director Detail :**

Title            D  
Name            JACOBS, LARRY  
Address        10829 SW 8TH AVE.  
City-State-Zip: GAINESVILLE FL 32607

*I hereby 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 all other like empowered.*

**SIGNATURE:** LARRY JACOBS

**PRESIDENT**

**01/14/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date