

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000007176

**Entity Name:** M. JACOB & SONS, INC.

**Current Principal Place of Business:**

35601 VERONICA ST  
LIVONIA, MI 48150

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**0838114309CC**

**Current Mailing Address:**

35601 VERONICA ST  
LIVONIA, MI 48150 US

**FEI Number: 38-0685690**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 C  
Name MCDONNELL, MATTHEW  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

Title D  
Name JACOB, DEBORAH  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

Title D  
Name JACOB, BRUCE  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

Title P  
Name HARATSARIS, NICK  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

Title D  
Name LUBIN, DAVID  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

Title D  
Name STIELER, PAUL  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

Title OTHER  
Name KAPCIA, EMILY  
Address 35601 VERONICA ST  
City-State-Zip: LIVONIA MI 48150

*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: EMILY KAPCIA**

**ASSISTANT CONTROLLE 04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date