## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 520569** 

FILED Jan 14, 2009 Secretary of State

Entity Name: JONES & SON FIRE EXTINGUISHER SERVICE, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	S HWY 129 I, FL 32693				
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
P. O. BOX TRENTON	183 I, FL 32693	US			
FEI Number:	59-1710644	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:	
	JSTIN TH HWY 129 I, FL 32693	US			
The above	named entity	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
	of Florida.				
	e of Florida.				
in the State	e of Florida.	nic Signature of Registered A	gent	Date	
in the State	e of Florida. RE: Electro	nic Signature of Registered A	gent	Date	
in the State SIGNATUF	e of Florida. RE: Electro	ng Trust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTORS:	
in the State SIGNATUF	e of Florida.  RE: Electro  mpaign Financii  S AND DIREC  CEO ( JONES, PRIE	ng Trust Fund Contribution ( ).  CTORS:  ) Delete STON J I SANTE FE AV			
in the State SIGNATUF Election Car OFFICERS Title: Name: Address:	e of Florida.  RE:  Electro  Inpaign Financia  S AND DIRECT  CEO ( JONES, PRIE 10189 SOUTH TRENTON, FL	ng Trust Fund Contribution ( ).  CTORS:  ) Delete STON J I SANTE FE AV 32693 US  ) Delete IN T PLACE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:	
in the State SIGNATUF Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE:  Electro  Inpaign Financia  S AND DIREC  CEO ( JONES, PRIE 10189 SOUTH TRENTON, FL  VP ( JONES, JUST 970 SE 95TH TRENTON, FL  P ( JONES, WAN	ng Trust Fund Contribution ( ).  CTORS:  ) Delete STON J I SANTE FE AV 32693 US  ) Delete IIN T PLACE 32693 US  ) Delete DA N I SANTE FE AV	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	

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: KAREN JONES SEC 01/14/2009