


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 521046  
1. Entity Name  
JONES SHEET METAL SHOP, INC.



Principal Place of Business  
111 BRUNSON BLVD.  
COCOA, FL 32922

Mailing Address  
111 BRUNSON BLVD.  
COCOA, FL 32922



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1709761

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BOND, LORI A  
1014 CUPID AVE.  
CHRISTMAS, FL 32709

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIKE, WOODROW 183 SO. FT. CHRISTMAS RD CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, TOMMY 4775 KEY MADEIRA TITUVILLE, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOND, LORI A 1014 CUPID AVE. CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000320126  
04/21/05-90025-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DATE: 4/19/05 DAYTIME PHONE #: 321-636-5896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR