


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 521046</b>					
1. Entity Name <b>JONES SHEET METAL SHOP, INC.</b>					
Principal Place of Business <b>111 BRUNSON BLVD. COCOA FL 32922</b>			Mailing Address <b>111 BRUNSON BLVD. COCOA FL 32922</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>BOND, LORI A 1014 CUPID AVE. CHRISTMAS FL 32709</b>				7. Name and Address of New Registered Agent  <b>SS AMJ</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1709761** Applied For  Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FIKE, WOODROW			NAME			
STREET ADDRESS	183 SO. FT. CHRISTMAS RD			STREET ADDRESS			
CITY-ST-ZIP	CHRISTMAS FL 32709			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	JENKINS, TOMMY			NAME			
STREET ADDRESS	4775 KEY MADEIRA			STREET ADDRESS			
CITY-ST-ZIP	TITUVILLE FL 32180			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BOND, LORI A			NAME			
STREET ADDRESS	1014 CUPID AVE.			STREET ADDRESS			
CITY-ST-ZIP	CHRISTMAS FL 32709			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000484269  Change  Add  
04/12/06-80032-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Tommy B Jenkins* **Tommy B Jenkins** 3-23-06 321-636-52