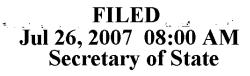
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000001238 1. Entity Name DANNETTE JONES DISTRIBUTING, INC. Principal Place of Business Mailing Address 20444 SW 83RD PLACE 20444 SW 83RD PLACE DUNNELLON, FL 34431 DUNNELLON, FL 34431







DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 💋

07172007 No Cha-P CR2E034 (11/05)

4. FEI Number Applied For 20-0661973 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

JONES, ANNETTE M 20444 SW 83RD PLACE DUNNELLON, FL 34431

DO NOT WRI

	•		IN	THIS SPACE	
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered apent and tit	de il applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
1	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	In accordance with s. 607.193(2 corporation did not receive the p)(b), F.S., the rior notice.
10.	OFFICERS AND DIR	ECTORS			a la
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, ANNETTE M 20444 SW 83RD PLACE DUNNELLON, FL 34431				
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP JONES, DAVID R 20444 SW 83RD PLACE DUNNELLON, FL 34431			000000770571 07/26/07-80003-008_150	1.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	e monte se se
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STRPPT ADDRESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower	filing does not qualify for the exe and accurate and that my signal ad to execute this report as requir	emptions contained in Chapter 11 ure shall have the same legal effe ed by Chapter 607, Florida Statut	9, Florida Statutes. I further certify that ct as if made under oath; that I am an oas, and that my name appears in Block	the information fficer or director 10 or Block 11 if