

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-25-2007 90030 038 ***150.00

DOCUMENT # P03000083583 1. Entity Name THE J. R. JONES COMPANY																																																											
Principal Place of Business 32631 SR 52 SAN ANTONIO FL 33576			Mailing Address P.O. BOX 16 SAN ANTONIO FL 33576																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																								
City & State			City & State																																																								
Zip		Country		4. FEI Number AP-PLIED FOR																																																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																									
6. Name and Address of Current Registered Agent ADAMS, JUSTIN G 32607 2ND AVE SAN ANTONIO FL 33576				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent authorized to execute when registered.)																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>D, P JONES, JAMES R 32625 STATE ROAD 52 SAN ANTONIO FL 33576</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>D ADAMS, JUSTIN G P.O. BOX 1252 SAN ANTONIO FL 33576</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition		D, P JONES, JAMES R 32625 STATE ROAD 52 SAN ANTONIO FL 33576						D ADAMS, JUSTIN G P.O. BOX 1252 SAN ANTONIO FL 33576																																		
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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: <u>James R. Jones</u> <u>Pres</u> <u>2/14/07</u> <u>353-588-3839</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																											