



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|---|---|---|-------------------------|--|---|--|--|
| DOCUMENT # 197568 1. Entity Name JONES MANAGEMENT CORPORATION | | | |  | | <div style="text-align: right;">FILED</div> <div style="text-align: right;">05 JUL -1 PM 12:20</div> <div style="text-align: right;">SECRETARY OF STATE</div> <div style="text-align: center;">TALLAHASSEE, FL</div> | |
| Principal Place of Business 513 OSCEOLA STREET TALLAHASSEE, FL 32310 US | | | | Mailing Address 513 OSCEOLA STREET TALLAHASSEE, FL 32310 US | | | |
| 2. Principal Place of Business 513 Osceola Tallahassee, FL | | 3. Mailing Address 513 Osceola St. Tallahassee FL | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06302005 Chg-P CR2E034 (10/03) | | | |
| City & State | | City & State | | 4. FEI Number 59-6063662 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32310 | Country Leon | Zip 32310 | Country U.S.A | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent JONES, ROBERT N. 513 OSCEOLA STREET TALLAHASSEE, FL 32310 | | | | 7. Name and Address of New Registered Agent Name Edward Jones, Jr Street Address (P.O. Box Number is Not Acceptable) 513 Osceola Street Tallahassee 32310 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 <i>Edward Jones, Jr</i> Edward Jones, Jr P July 1-2005 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small> | | | | | | | |
| <i>* Amended AR is \$61.25</i> | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, EDWARD, JR. 513 OSCEOLA ST. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400057315974 07/12/05--01010--014 **\$1.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JONES, ROBERT P.O. BOX 6623 TALLAHASSEE, FL 32314 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition * T.O. Agent Edward Jones, Jr 513 Osceola St Tallahassee, FL 32310 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Edward Jones, Jr</i> Edward Jones, Jr 7/1/05 850 5763875 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small> | | | | | | | |