


**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

<h1>DOCUMENT # G89068</h1>					
<b>1. Entity Name</b> R. MARSHALL JONES, INC.					
<b>Principal Place of Business</b> 470 COLUMBIA DRIVE E-100 WEST PALM BEACH, FL 33409			<b>Mailing Address</b> 470 COLUMBIA DRIVE E-100 WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>					
JONES, R. MARSHALL 103 VIA PARADISIO PALM BEACH GARDENS, FL 33418					Name
					Street Address
					City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Adm		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP <input type="checkbox"/> Delete				TITLE
NAME	JONES, R. MARSHALL				NAME
STREET ADDRESS	103 VIA PARADISIO				STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> Delete				TITLE
NAME	JONES, IRENE				NAME
STREET ADDRESS	103 VIA PARADISIO				STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>R. Marshall</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					