2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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

DOCUMENT # G89068 1. Entity Name R. MARSHALL JONES, INC.								01-20-2006	90030 0	21 ***150	0.00	
Principal Plac 470 COLUME E-100 WEST PALM	BIA DRIVE		Mailing Address 470 COLUMBIA DRIVE E-100 WEST PALM BEACH, FL 33409			:	1 1881111 888	N 18118 1811 8811 811 81 181 181	BIBIL BIBIL BIB	ti útan Bibli etsi	TOTAL EN STRUK	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State				4. FEI Numb 59-256			·	plied For t Applicable	
Zip		Country	Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
JONES, R. MARSHALL 103 VIA PARADISIO					Street Address (P.O. Box Number is Not Acceptable)							
PALM BEACH GARDENS, FL 33418												
						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 contents of particular of contents of particular of contents of particular of												
the obligations of registered agent.												
SIGNATURE												
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						\$5. Add	.00 May Be ed to Fees					
10.		OFFICERS AND I	DIRECTORS			ADDITIONS	L CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 VIA P	R. MARSHALL PARADISIO ACH GARDENS, FL 33								☐ Change	☐ Addition	
TITLE NAME	VP JONES, II		☐ Delete	TITLE			===			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	103 VIA PARADISIO str										-	
TITLE						VP				☐ Change	Addition	
NAME				NAM	E	بمن	a Winge	ert Way <u>Gardens</u> ,			□ · • • • • • • • • • • • • • • • • • •	
STREET ADDRESS CITY-ST-ZIP	į				et address -st-zip	434	2 m bor 12 m sk	Gardens	15)	22410	i	
TITLE			☐ Delete	TITLE		FOLAY	N Death	(Caprouns	T-	☐ Change	Addition	
NAME				NAM	_					<u> </u>		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE			☐ Delete	TITL						☐ Change	☐ Addition	
NAME				KAM						•		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						:	
TITLE			☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS	·			NAM								
STREET ADDRESS CITY-ST-ZIP	-				STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.												