

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000070542

**Entity Name:** A. JONES & ASSOCIATES, INC

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC2895618112**

**Current Principal Place of Business:**

2815 NW 13TH STREET  
SUITE 200  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2815 NW 13TH STREET  
SUITE 200  
GAINESVILLE, FL 32609 US

**FEI Number:** 20-1129957

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NALBANDIAN, ROPEN  
2815 NW 13TH STREET  
SUITE 423  
GAINESVILLE, FL 32609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JONES, ANITA B  
Address 2815 NW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title CEO  
Name NALBANDIAN, ROPEN  
Address 2815 NW 13TH STREET SUITE 423  
City-State-Zip: GAINESVILLE FL 32609

Title ST  
Name BUICKEL, LINDA  
Address 2815 NW 13TH STREET SUITE 423  
City-State-Zip: GAINESVILLE FL 32609

Title OFFICER  
Name THUR DE KOOS, ZABEL  
Address 2815 NW 13TH STREET SUITE 423  
City-State-Zip: GAINESVILLE FL 32609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZABEL THUR DE KOOS

**OFFICER**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date