

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000143836

**Entity Name:** STEVEN R. JONES, C.P.A., P.A.

**Current Principal Place of Business:**

3903 NORTHDAL BLVD  
100E  
TAMPA, FL 33624

**Current Mailing Address:**

P.O. BOX 224  
LAND O' LAKES, FL 34639

**FEI Number:** 20-3666297

**Certificate of Status Desired:** No

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

JONES, STEVEN R  
3903 NORTHDAL BLVD  
100E  
TAMPA, FL 33624 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 PST  
Name JONES, STEVEN R  
Address PO BOX 224  
City-State-Zip: LAND O LAKES FL 34639

Title VP  
Name JONES, JEAN S  
Address PO BOX 224  
City-State-Zip: LAND O LAKES FL 34639

*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:** STEVEN R JONES

**PRESIDENT**

**02/10/2024**

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

\_\_\_\_\_  
Date