

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001795

Entity Name: REES JONES, INC.**Current Principal Place of Business:**55 SOUTH PARK STREET
MONTCLAIR, NJ 07042**Current Mailing Address:**55 SOUTH PARK STREET
MONTCLAIR, NJ 07042**FEI Number:** 57-0605332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCDONOUGH, CATHERINE
1418 BACKSPIN DRIVE
ENGLEWOOD, FL 34223 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	PD
Name	JONES, REES
Address	471 OCEAN RIDGE WAY
City-State-Zip:	JUNO BEACH FL 33408

Title	V
Name	WEISSER, STEVE
Address	55 SOUTH PARK STREET
City-State-Zip:	MONTCLAIR NJ 07042

Title	S
Name	JONES, SUSAN
Address	471 OCEAN RIDGE WAY
City-State-Zip:	JUNO BEACH FL 33408

Title	V
Name	MUIRHEAD, GREG
Address	55 SOUTH PARK STREET
City-State-Zip:	MONTCLAIR NJ 07042

Title	V
Name	SWANSON, BRYCE
Address	55 SOUTH PARK STREET
City-State-Zip:	MONTCLAIR NJ 07042

Title	T
Name	MCDONOUGH, CATHERINE
Address	1418 BACKSPIN DRIVE
City-State-Zip:	ENGLEWOOD FL 34223

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: CATHERINE MCDONOUGH**TREASURER****01/11/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date