

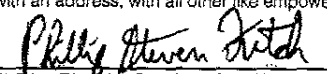


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 106832</b> 1. Entity Name DEWITT C. JONES SERVICES, INC.			
Principal Place of Business DEWITT C JONES 514 NONA STREET P.O. DRAWER H STARKE, FL 32091		Mailing Address DEWITT C JONES 514 NONA STREET P.O. DRAWER H STARKE, FL 32091	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		03302004    No Chg-P    CR2E034 (10/03)	
		4. FEI Number 59-0875212	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FUTCH, STEVEN P. 514 EAST NONA STREET STARKE, FL 32091		<b>DO NOT WRITE IN THIS SPACE</b>	
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 registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="margin-bottom: 20px;">U00000140891 04/29/04-80177-019 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE PD NAME FUTCH, STEVEN P STREET ADDRESS 514 E NONA ST CITY-ST-ZIP STARKE, FL			
TITLE STD NAME FUTCH, CYNTHIA S. STREET ADDRESS 514 E MONA ST. CITY-ST-ZIP STARKE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: 		4-27-04    904-9646200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	