

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 160022

1. Entity Name

JONES INVESTMENT COMPANY



**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

983 7TH AVE.  
P O BOX 276  
GRACEVILLE FL 32440

Mailing Address

983 7TH AVE.  
P O BOX 276  
GRACEVILLE FL 32440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 59-0869527

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, MARGARET  
1129 8TH AVE.  
GRACEVILLE FL 32440

Name

Street Address (P.O. Box Number is Not Acceptable)

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 registered agent.

SIGNATURE

MARGARET BROOKS D  
Signature, typed or printed name of registered agent and title, if applicable

Margaret Brooks  
(NOTE: Registered Agent signature required when reinstating)

2-7-05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BAIRD, JAKIE  
STREET ADDRESS 205 N. WOODLAND  
CITY- ST- ZIP GENEVA AL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE STD ☐ Delete  
NAME BROOKS, BOLLING  
STREET ADDRESS 1129 8TH AVE  
CITY- ST- ZIP GRACEVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME U00000223594  
STREET ADDRESS 02/10/05-80051-006 150.00  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME BROOKS, MARGARET  
STREET ADDRESS 1129 8TH AVE  
CITY- ST- ZIP GRACEVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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)(f), 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:

Bolling Brooks BOLLING BROOKS STD 2-7-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #