

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 175338

1. Entity Name
JONES FOR LOANS INC



Principal Place of Business
**2601 E OAKLAND PK BLVD
SUITE 405
FORT LAUDERDALE, FL 33306 US**

Mailing Address
**2601 E OAKLAND PK BLVD
SUITE 405
FORT LAUDERDALE, FL 33306 US**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6063648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, ROY C JR
552 FOREST TRAIL
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HOGAN-WEED, TERRY 2519 MARKET STREET, # 1 GALVESTON, TX 77550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JONES, ROY C JR 552 FOREST TRAIL OVIEDO, FL 32765
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04/18/07-80046-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROY C JONES JR

4/6/07