


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 197568</b>		
1. Entity Name <b>JONES MANAGEMENT CORPORATION</b>		

Principal Place of Business <b>513 OSCEOLA STREET TALLAHASSEE, FL 32310 US</b>	Mailing Address <b>2259 NW 16TH AVENUE GAINESVILLE, FL 32605 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>513 Osceola Street</b> Suite, Apt. #, etc.	
City & State		City & State <b>Tallahassee, FL</b>	
Zip <b>32310</b>	Country <b>Leon</b>	4. FEI Number <b>59-6063662</b>	

**FILED**  
**06 MAR -1 PM 4:05**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

01172006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent <b>JONES, EDWARD JR 513 OSCEOLA STREET TALLAHASSEE, FL 32310</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, EDWARD JR 513 OSCEOLA ST. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDA JONES, EDWARD JR 513 OSCEOLA STREET TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FREEMAN, VALERIE D 5531 NW 31 ST GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DUKES, JOHN III 2259 NW 16TH AVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000074507450</b> <b>05/12/06--01008--004 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/D- Jones, Edward Jr. 513 Osceola St. Tallahassee, FL 32310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Edward Jones, Jr. **Edward Jones, Jr.** **March 1, 2006 (850)576-3875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #