


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90019 027 \*\*\*150.00

**DOCUMENT # 278073**

1. Entity Name  
**COOPER & JONES, INC.**



Principal Place of Business Mailing Address  
**824 NORTH HIGHLAND AVENUE** **824 NORTH HIGHLAND AVENUE**  
**ORLANDO, FL 32803 US** **ORLANDO, FL 32803 US**

40023548



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**824 N. Highland Ave** **824 Highland Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**NA** **NA**

01312008 Chg-P CR2E034 (12/06)

City & State City & State  
**ORLANDO, FL** **ORLANDO FL**  
 Zip Country Zip Country  
**32803** **ORANGE** **32803** **ORANGE**

4. FEI Number Applied For  
**59-1031712** Not Applicable

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

6. Name and Address of Current Registered Agent  
**JONES, E. AUSTIN, JR.**  
**824 NORTH HIGHLAND AVENUE**  
**ORLANDO, FL 32803**

7. Name and Address of New Registered Agent  
 Name **E. Austin Jones NA**  
 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 *E. Austin Jones* President **2/28/08** DATE

Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, AUSTIN E, JR	
STREET ADDRESS	P.O. BOX 2028	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, LAURA D	
STREET ADDRESS	P.O. BOX 2028	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *E. Austin Jones* President **1/28/08** **407-843-7862**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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### Annual Report Online Filing

Document Number 278073  
Business Entity Name COOPER & JONES, INC.  
FEI Number 59 - 1031712

FEI Number Status  Listed Above  Applied For  Not Applicable

Certificate of Status Desired  Yes  No \$8.75 each

Election Campaign Financing Trust Fund Contribution  Yes  No

#### Principal Place of Business

Address 824 NORTH HIGHLAND AVENUE (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State ORLANDO FL  
Zip Code & Country 32803 US

#### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address 824 NORTH HIGHLAND AVENUE  
Suite, Apt. #, etc.  
City, State ORLANDO FL  
Zip Code & Country 32803 US

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title)  
- OR -

Business to serve as RA JONES, E. AUSTIN, JR.

Street Address In Florida 824 NORTH HIGHLAND AVENUE (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State ORLANDO FL  
Zip Code & Country 32803 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.



**ATTACHMENT**

Zip Code & Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

400 23548  
# 298073

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

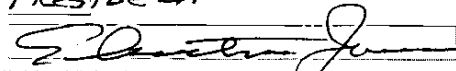
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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