


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 384593</b> 1. Entity Name <b>JONES FLYING SERVICE, INC.</b>	
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Principal Place of Business <b>1234 CLYDE JONES ROAD SARASOTA, FL 34243</b>	Mailing Address <b>1234 CLYDE JONES ROAD SARASOTA, FL 34243</b>
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**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1349066</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JONES, CLYDE A. 5325 ROYAL PALM AVE. SARASOTA, FL 34234</b>
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD JONES, CLYDE A. 5325 ROYAL PALM AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, GARY W. 5325 ROYAL PALM AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, GARY W 5325 ROYAL PALM AVE SARASOTA, FL
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03/04/04-80012-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLYDE A. JONES**

**3-2-04**

Date

**941-355-8100**

Daytime Phone #