

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 384594

Entity Name: JONES AVIATION SERVICE, INC.

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

1234 CLYDE JONES ROAD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

1234 CLYDE JONES ROAD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 59-1349365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CLYDE A
5325 ROYAL PALM AVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, CLYDE A
Address: 5325 ROYAL PALM AVE.
City-St-Zip: SARASOTA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: JONES, SANDRA E
Address: 1553 MACKEREL AVENUE
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE A. JONES

PD

02/17/2006

Electronic Signature of Signing Officer or Director

Date