

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 426045

FILED
Mar 23, 2009
Secretary of State

Entity Name: BRAXTON JONES, INC.

Current Principal Place of Business:

219 N.W. 10TH STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

107 NE 1ST AVE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1467323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, BRAXTON
1243 S.E. 9TH AVENUE
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, BRAXTON,
Address: 1243 S.E. 9TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: JONES, CYNTHIA
Address: 1243 SE 9TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BRAXTON JONES

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date