

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 426045

**FILED**  
**Feb 06, 2012**  
**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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** JONES, BRAXTON  
**Address:** 1243 S.E. 9TH AVENUE  
**City-St-Zip:** Ocala, FL 34471

**Title:** S  
**Name:** JONES, CYNTHIA  
**Address:** 1243 SE 9TH AVE  
**City-St-Zip:** Ocala, FL 34471

I hereby 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 all other like empowered.

**SIGNATURE:** BRAXTON JONES

PD

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date