

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 426523

Entity Name: J. RALPH JONES, INC.

FILED  
Feb 27, 2006  
Secretary of State

**Current Principal Place of Business:**

PO BOX 16  
33009 MCCABE RD  
SAN ANTONIO, FL 33576

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16  
33009 MCCABE RD  
SAN ANTONIO, FL 33576

**New Mailing Address:**

FEI Number: 59-1468308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUMNER, ROBERT  
106 S 6TH ST.  
DADE CITY, FL 33525      US

**Name and Address of New Registered Agent:**

ADAMS, JUSTIN G O  
P.O. BOX 1252  
SAN ANTONIO, FL 33576      US

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: JUSTIN ADAMS      02/27/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JONES, J. RALPH,  
Address: 32625 SR 52  
City-St-Zip: SAN ANTONIO, FL

Title: O      ( ) Delete  
Name: ADAMS, JUSTIN G  
Address: PO BOX 1252  
City-St-Zip: SAN ANTONIO, FL 33576

**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 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: JAMES R. JONES      P      02/27/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date