

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 426523

Entity Name: J. RALPH JONES, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 16
33009 MCCABE RD
SAN ANTONIO, FL 33576

New Principal Place of Business:

33009 MCCABE RD
33009 MCCABE RD
SAN ANTONIO, FL 33576

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:

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

Name and Address of New Registered Agent:

ADAMS, JUSTIN G O
32607 2ND AVE
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

01/08/2009

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 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: JUSTIN ADAMS

O

01/08/2009

Electronic Signature of Signing Officer or Director

Date