

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 452905

FILED
Feb 09, 2009
Secretary of State

Entity Name: JONES, EDMUNDS & ASSOCIATES, INC.

Current Principal Place of Business:

730 NE WALDO ROAD
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

730 NE WALDO ROAD
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-1533071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, RICHARD H PH.D.
730 NE WALDO RD
GAINESVILLE, FL 32641 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: PTD () Delete
Name: JONES, RICHARD H PH.D
Address: 730 NE WALDO RD
City-St-Zip: GAINESVILLE, FL 32641

Title: VSD () Delete
Name: EDMUNDS, ROBERT C
Address: 5417 NW 67TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: FERREIRA, STANLEY F JR
Address: 5526 NW 72ND STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: TOTH, DOUGLAS M
Address: 1740 NW 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: V () Delete
Name: VOGEL, KENNETH S
Address: 2501 NW 91ST DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: V () Delete
Name: CALDWELL, KATHY J
Address: 60 NW 44TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: V (X) Change () Addition
Name: KOLLER, RICHARD N
Address: 5640 BOB WHITE TRAIL
City-St-Zip: MIMS, FL 32754

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: RICHARD H. JONES

PTD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date