


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90357 008 \*\*\*150.00

**DOCUMENT # 472116**

1. Entity Name  
**JONES AND SONS PLUMBING AND ELECTRIC, INC.**



Principal Place of Business  
**1201 CEDAR ST  
 #C  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**2391 MORE HAVEN DR. E  
 CLEARWATER, FL 33763**

40075300



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1622499</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, JAMES GARLAND  
 2391 MOOREHAVEN DRIVE E.  
 CLEARWATER, FL**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JAMES GARLAND 2391 MOOREHAVEN DRIVE E. CLEARWATER FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, VELMA C. 2391 MOOREHAVEN DRIVE E. CLEARWATER FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES G. JONES JR. 2391 MOOREHAVEN DRIVE E. CLEARWATER FL.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, JEFFREY 2391 MOOREHAVEN DR. E. CLEARWATER FL.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #