2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# 520569

Entity Name: JONES & SON FIRE EXTINGUISHER SERVICE, INC.

Current Principal Place of Business:

9049 S. US HWY 129
P.O. BOX 183
TRENTON, FL 32693

New Principal Place of Business:

9049 S. US HWY 129
TRENTON, FL 32693

Current Mailing Address:

P. O. BOX 183
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 59-1710644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JUSTIN
9049 SOUTH HWY 129
TRENTON, FL 32693 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: CEO ( ) Delete
Name: JONES, PRIESTON J
Address: 10189 SOUTH SANTE FE AV
City-St-Zip: TRENTON, FL 32693 US

Title: VP ( ) Delete
Name: JONES, JUSTIN T
Address: 970 SE 95TH PLACE
City-St-Zip: TRENTON, FL 32693 US

Title: P ( ) Delete
Name: JONES, WANDA N
Address: 10189 SOUTH SANTE FE AV
City-St-Zip: TRENTON, FL 32693

Title: SEC ( ) Delete
Name: LONG, WILDA J
Address: 9049 S US HWY 129
City-St-Zip: TRENTON, FL 32693

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:

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 JONES VP 02/11/2008

Electronic Signature of Signing Officer or Director — Date