

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549166

Entity Name: S.M. JONES & CO., INC.

FILED  
Feb 19, 2008  
Secretary of State

**Current Principal Place of Business:**

1131 N W 9TH ST  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 280  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 59-1795926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DANIELS, ALLEN J  
1131 N.W. 9TH STREET  
BELLE GLADE, FL 33430      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: STD ( ) Delete  
Name: THOMPSON, JR, JOE E  
Address: PO BOX 1370  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD ( ) Delete  
Name: ALGER, JOHN  
Address: 17971 SW 284TH ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: PD ( ) Delete  
Name: HOLT, THOMAS C  
Address: 457 OLD COUNTRY RD  
City-St-Zip: WEST PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: ALGER, JOHN L  
Address: 17971 SW 284TH ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: PD (X) Change ( ) Addition  
Name: HOLT, THOMAS C  
Address: 457 OLD COUNTRY RD  
City-St-Zip: WEST PALM BEACH, FL

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: ALLEN J. DANIELS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

GM

02/19/2008

\_\_\_\_\_ Date