


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90065 036 ****61.25

DOCUMENT # 704235	
1. Entity Name	
JONES CEMETERY ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
P.O. BOX 408 CALLAHAN FL 32011	P.O. BOX 408 CALLAHAN FL 32011



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-1027988	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
TERRELL, LUCY E 55404 TERRELL FARMS RD. CALLAHAN FL 32011

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	HAILEY, JOHN
STREET ADDRESS	POB 5035
CITY- ST- ZIP	CALLAHAN FL 32011
TITLE	<input type="checkbox"/> Delete
NAME	P BECK, SIDNEY
STREET ADDRESS	43294 RATLIFF RD
CITY- ST- ZIP	CALLAHAN FL 32011
TITLE	<input type="checkbox"/> Delete
NAME	ST TERRELL, LUCY E
STREET ADDRESS	4610 TERRELL FARMS RD 55404
CITY- ST- ZIP	CALLAHAN FL 32011
TITLE	<input type="checkbox"/> Delete
NAME	T HOWARD, SHIRLEY
STREET ADDRESS	POB 1391
CITY- ST- ZIP	CALLAHAN FL 32011
TITLE	<input type="checkbox"/> Delete
NAME	T PAGE, CHARLIE
STREET ADDRESS	7700 KNOLL DR 61476 River Rd
CITY- ST- ZIP	JACKSONVILLE FL 32231 Callahan FL 32011
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  4-23-07 879-3670