


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90050 006 ***150.00

DOCUMENT # 848992

1. Entity Name
STANLEY JONES, CORPORATION



Principal Place of Business Mailing Address

119 MORRIS STREET **P.O. BOX 5260**
SOUTH FULTON TN 38257 **SOUTH FULTON TN 38257**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **62-0722294** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | JONES, JOHN C. |
| STREET ADDRESS | 7079 JONES LANE |
| CITY-ST-ZIP | SOUTH FULTON TN 38257 |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | JONES, STANLEY II G. |
| STREET ADDRESS | RT 2 BOX 323 |
| CITY-ST-ZIP | SOUTH FULTON TN 38257 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | FRAZIER, GEORGE |
| STREET ADDRESS | WELLS AVENUE |
| CITY-ST-ZIP | FULTON KY |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | BARCLAY, TED |
| STREET ADDRESS | ROUTE 5, BOX 345 |
| CITY-ST-ZIP | SOUTH FULTON TN |
| TITLE | ST <input type="checkbox"/> Delete |
| NAME | MILNER, MICHAEL G. |
| STREET ADDRESS | 119 MORRIS STREET |
| CITY-ST-ZIP | SOUTH FULTON TN |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| 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 exemption stated in Section 119.07(3)(i), 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: *Michael G. Milner* **Michael G. Milner** *4/1/04* *731.944.1146*

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