

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000005467

1. Entity Name  
JON-JAY ASSOCIATES, INC.



Principal Place of Business ☐ Mailing Address ☐  
1 CORPORATION WAY P.O. BOX 6170  
2ND FLOOR PEABODY, MA 01960  
PEABODY, MA 01960



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-2459280 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEATON, CYNTHIA  
8745 ASHWORTH DR.  
TAMPA, FL 33647

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROONEY, JOHN D
STREET ADDRESS	2 FLINT ST.
CITY-ST-ZIP	DANVERS, MA
TITLE	SD
NAME	ROONEY, TIMOTHY
STREET ADDRESS	5 PREMIER DR.
CITY-ST-ZIP	LONDONBERRY, NH
TITLE	TD
NAME	HENNESSEY, LAURIE-JEANNE
STREET ADDRESS	17 WILDWOOD RD
CITY-ST-ZIP	DANVERS, MA
TITLE	PD
NAME	ROONEY, JOHN D JR
STREET ADDRESS	26 VOSE HILL RD
CITY-ST-ZIP	MILTON, MA 02186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80049-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Jeanne Hennessey

2/28/05 978-326-6298  
Date Daytime Phone #