2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000003781

1. Entity Name
THOMAS M. JONES, P.C.

Principal Place of Business	Mailing Address
227 WEST MONROE STREET	227 WEST MONROE STREET
CHICAGO, IL 60606-5096	CHICAGO, IL 60606-5096

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
36-3751343	Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, IRA J
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI, FL 33131-4336

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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

U00000255639
03/08/05-80022-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE	CPST
NAME	JONES, THOMAS M
STREET ADDRESS	227 WEST MONROE STREET
CITY-ST-ZIP	CHICAGO, IL 606065096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Thomas M. Jones 1/29/05

312 984
7536

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