


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006992 1. Entity Name RONNY D. JONES ENTERPRISES, INC.	
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Principal Place of Business 315 MILLARD FARMER IND. BLVD. NEWNAN, GA 30263	Mailing Address 315 MILLARD FARMER IND. BLVD. NEWNAN, GA 30263
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DO NOT WRITE IN THIS SPACE



08072006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1668541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHECK MATE CREDIT & INFORMATION BUREAU
4411 BEE RIDGE ROAD, #257
SARASOTA, FL 34233**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reestablishing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JONES, RONNY D 235 FASTGUARD FARMS ROAD NEWNAN, GA 30263
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08/22/06-80003-006 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **8/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #