

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000007485



1. Entity Name
JONES & TREVOR MARKETING, INC.

Principal Place of Business
234 WILLARD STREET, SUITE C
COCOA, FL 32922

Mailing Address
234 WILLARD STREET, SUITE C
COCOA, FL 32922

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

6. Name and Address of Current Registered Agent

DELANCETT, JOHN G
301 E PINE ST, STE 150
ORLANDO, FL 32801

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMAS, THEODORE E 248 COVE LOOP MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas, Theodore E 4774 Navaho Trail merritt Island, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Trevor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07

Date

Daytime Phone #

**FILED
Feb 26, 2007 8:00 am
Secretary of State**

02-26-2007 90071 024 ***150.00

400243000



02072007 Chg-P CR2E034 (12/06)