

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90200 028 \*\*\*158.75

**DOCUMENT # F36381**

1. Entity Name  
DAVID M. JONES, JR. AND ASSOCIATES, INC.



Principal Place of Business  
2221 MCGREGOR BLVD  
FT. MYERS, FL 33901 US

Mailing Address  
2221 MCGREGOR BLVD  
FT. MYERS, FL 33901 US

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2113067

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARTA, STEVEN  
1619 JACKSON ST  
FT MYERS, FL 33901

**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

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**

TITLE P  
NAME JONES, DAVID M JR.  
STREET ADDRESS 2221 MCGREGOR BLVD  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE VP  
NAME DISERIO, GREGORY J  
STREET ADDRESS 2221 MCGREGOR BLVD  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE ST  
NAME JONES, JONI G  
STREET ADDRESS 3732 MCGREGOR BLVD  
CITY-ST-ZIP FT MYERS, FL 33901

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.07

Date

239.337.5525

Daytime Phone #