

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F57230

1. Entity Name
JONES SHELTER AND CARE, INC.



Principal Place of Business
**4410 MONCRIEF RD
JACKSONVILLE, FL 32209**

Mailing Address
**P.O. BOX 3204
JACKSONVILLE, FL 32206**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1866933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAH, ABDULLAH
509 PALMETTO STREET
JACKSONVILLE, FL 32202**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000126826
04/23/04-80049-022 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
SHAH, ABDULLAH
509 PALMETTO STREET
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
JONES, ALFRED
816 E. ASHLEY STREET
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JONES, AGNES
509 PALMETTO STREET
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JONES, KHALELAH
509 PALMETTO STREET
JACKSONVILLE, FL 32202**

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)(f), 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 an other like empowered.

SIGNATURE: *Abdullah Shah* **ABDULLAH SHAH, President** **4/20/04** **904-307-9157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #