

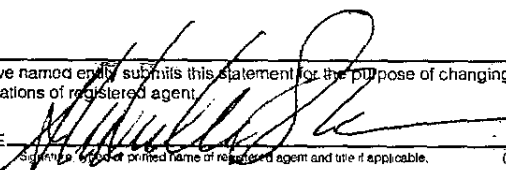
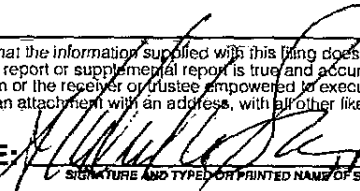


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F57230</b> 1. Entity Name <b>JONES SHELTER AND CARE, INC.</b>			
Principal Place of Business <b>4410 MONCRIEF RD JACKSONVILLE, FL 32209</b>		Mailing Address <b>P.O. BOX 3204 JACKSONVILLE, FL 32206</b>	
			
		04282005    No Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>59-1866933</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			
<b>SHAH, ABDULLAH 509 PALMETTO STREET JACKSONVILLE, FL 32202</b>			
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 <b>4/28/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PT	000000346216 04/30/05-80067-005 158.75	
NAME	SHAH, ABDULLAH		
STREET ADDRESS	509 PALMETTO STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	VS		
NAME	JONES, ALFRED		
STREET ADDRESS	816 E. ASHLEY STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	S		
NAME	JONES, AGNES		
STREET ADDRESS	509 PALMETTO STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	T		
NAME	JONES, KHALELAH		
STREET ADDRESS	509 PALMETTO STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 all other like empowered.			
SIGNATURE: 		DATE <b>4/28/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ABDULLAH SHAH, PRES</b>		Daytime Phone #	