

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F59796

Entity Name: BILL JONES REALTY, INC.

FILED
Jul 22, 2005
Secretary of State

Current Principal Place of Business:

%WILLIAM H JONES
P.O. BOX 86
MILTON, FL 32572 US

New Principal Place of Business:

P. O. BOX 86
MILTON, FL 32572 US

Current Mailing Address:

%WILLIAM H JONES
P.O. BOX 86
MILTON, FL 32572 US

New Mailing Address:

P. O. BOX 86
MILTON, FL 32572 US

FEI Number: 59-3139002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIAM H.
5325 OLD BERRYHILL ROAD
MILTON, FL 32570 US

Name and Address of New Registered Agent:

WEEKS, KATHRYN
5689 PINE RIDGE DRIVE
MILTON, FL 32570 US

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.

SIGNATURE: KATHRYN WEEKS

07/22/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, WILLIAM H.
Address: 5325 OLD BERRY HILL ROAD
City-St-Zip: MILTON, FL 32570

Title: ST (X) Delete
Name: WEEKS, KATHRYN S.,
Address: 5689 PINE RIDGE DRIVE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WEEKS, KATHRYN
Address: 5689 PINE RIDGE DRIVE
City-St-Zip: MILTON, FL 32570 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN WEEKS

PST

07/22/2005

Electronic Signature of Signing Officer or Director

Date