

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000627

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** JONES MANAGEMENT CONSULTING, INC.

**Current Principal Place of Business:**

5 SHEEP DAVIS RD.  
SUITE A  
PEMBROKE, NH 03275

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 910  
CONCORD, NH 03302

**New Mailing Address:**

**FEI Number:** 02-0433092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION  
417 E. VIRGINIA STREET, STE 1  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: JONES, RICHARD L  
Address: 169 PORTSMOUTH STREET, UNIT 169  
City-St-Zip: CONCORD, NH 03301

Title: V  
Name: JONES, ALBERT C  
Address: 7249 PLEASANT ST  
City-St-Zip: LOUDON, NH 03307

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L. JONES

PCD

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date