


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # G09597	
1. Entity Name DON JONES, INC.	

Principal Place of Business 100 2ND AVE N STE 320 ST. PETERSBURG, FL 33701	Mailing Address 100 2ND AVE N STE 320 ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2243671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, DONALD M 5200 BRITTANY DR SO ST PETERSBURG, FL 33715

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JONES, DONALD M. 5200 BRITTANY DRIVE SO #1702 SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD JONES, MARY R. 5200 BRITTANY DRIVE SO #1702 SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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01/19/05-80058-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Don Jones* President **DON JONES** 1/14/2005 (727) 867-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #