

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended


FILED

05 FEB 11 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02042005 Chg-P CR2E034 (10/03)

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # G46098</b>  |  |   |   |  |  |
| 1. Entity Name<br><b>JONES AND COMPANY, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>C/O R D JONES<br/>809 E OSCEOLA ST<br/>STUART, FL 34994</b>   |  |   | Mailing Address<br><b>400 FLAMINGO AVE.<br/>STUART, FL 34996 US</b>   |   |  |
| 2. Principal Place of Business<br><b>c/o Thomas Delattre</b><br>Suite, Apt. #, etc.<br><b>809 East Osceola Street</b>   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State<br><b>Stuart, FL</b>   |  |   | City & State  |   |  |
| Zip<br><b>34994</b>   |  | Country<br><b>Martin</b>  |   | Zip   |  |
|   |  | Country   |   | 4. FEI Number<br><b>59-2308991</b>  |  |
|   |  |   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DELATTRE, THOMAS<br/>3721 DOUBLETTON DRIVE<br/>STUART, FL 34997</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                 |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |   |   |   |  |
| <b>Amended AR is \$61.25</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>DELATTRE, THOMAS<br>3721 DOUBLETTON DRIVE<br>STUART, FL 34997 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | C/M/D/P/T/S<br>Thomas Delattre<br>3721 Doubleton Drive<br>Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>DELATTRE, THOMAS<br>3721 DOUBLETTON DRIVE<br>STUART, FL 34997 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D/V<br>Gregory Block<br>1349 Dyer Point Road<br>Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D/V<br>Donald R. Patnaude<br>2530 S.W. Mayacoo Way<br>Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | 700046893637<br>02/21/05--01006--005 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 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: <u>Thomas W. Delattre</u>  |  | February 9, 2005 772/221/0100   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <small>Date Daytime Phone #</small>   |   |   |  |