

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G46098

1. Entity Name
JONES AND COMPANY, INC.



Principal Place of Business
C/O GREGORY BLOCK
7806 SW ELLIPSE WAY
STUART, FL 34997

Mailing Address
400 FLAMINGO AVE.
STUART, FL 34996 US

FILED
Mar 09, 2007 08:00 AM
Secretary of State



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2308991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCK, GREGORY
7806 SW ELLIPSE WAY
STUART, FL 34997

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000661619
03/20/07-80048-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
DELATTRE, THOMAS
3721 DOUBLETON DRIVE
STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BLOCK, GREGORY
1349 DYER POINT RD
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
PATNAUDE, DONALD R
2530 SW MAYACOO WAY
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #