

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 22, 2008 08:00 AM  
Secretary of State

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



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2308991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLOCK, GREGORY  
7806 SW ELLIPSE WAY  
STUART, FL 34997

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

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, 2008 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	CMD DELATTRE, THOMAS 3721 DOUBLETTON 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	

U00000790071  
01/23/08-80020-005 150.00

DO NOT WRITE  
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 #