



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G52623</b>		
1. Entity Name <b>GEORGE JONES PAINTING, INC.</b>		
Principal Place of Business <b>87 CITY PARK AVE SAINT MARKS, FL 32355</b>		Mailing Address <b>PO BOX 194 SAINT MARKS, FL 32355</b>
		
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>59-2305438</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>JONES, GEORGE 87 CITY PARK AVENUE SAINT MARKS, FL 32355</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>000000624598 02/14/07-80041-021 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, GEORGE 87 CITY PARK AVE. TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JONES, GAIL 87 CITY PARK AVE TALLAHASSEE, FL	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: <i>Gail Jones - Gail Jones</i>		<b>2-3-07 850-921-8936</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____