## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2004 08:00 AM Secretary of State

DOCUMENT # G714 1. Entity Name JONES LUMBER & EXPORT		
Principal Place of Business	Mailing Address	•
4500 OAK CIRCLE	4500 OAK CIRCLE	
BOCA RATON, FL 33431	BOCA RATON, FL 33431	Ì



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01072004 No Chg-P CR2E034 (10/03)

 4. FEI Number
 Applied For

 59-2313836
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

JONES, MARK RANDALL 4500 OAK CIRCLE BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

				<u></u>	*****		
8. The above the obligati	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I	am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	Agent signature	required when reinstating)	, DA	JE.	-
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD JONES, MARK RANDALL 4500 OAK CIRCLE BOCA RATON, FL				, hōoōooōōšc	) <b>3</b> 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/13/04-8004	H-008 150.00	
TITLE MAJAE STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		,	a and a constitution of the ac-	<u>.</u>	
i∡. inereby o	pertify that the information supplied with this fi	illing goes not duality for the exer	notion stated	i in Section 119.07(3)	<ol> <li>Florida Statutes, Uturther</li> </ol>	certify that the informatic	חר

12. Thereby 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 line empowered.

SIGNATURE:

Mork R. Jones/President

01/07/2004 (561) 391-3995

Daytime Phone #