

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90820 002 ***150.00

DOCUMENT # H47930			
1. Entity Name W. E. JONES CORPORATION			
Principal Place of Business 625 S LAKESHORE WAY P O BOX 1296 LAKE ALFRED, FL 33850 US		Mailing Address 625 S LAKESHORE WAY P O BOX 1296 LAKE ALFRED, FL 33850 US	
2. Principal Place of Business - No P.O. Box # 160 West Haines Blvd.		3. Mailing Address P.O. Box 1296	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE ALFRED, FL		City & State LAKE ALFRED, FL	
Zip 33850	Country	Zip 33850	Country
4. FEI Number 59-2509019		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, WILLIAM E. 625 S LAKESHORE WAY LAKE ALFRED, FL 33850		7. Name and Address of New Registered Agent Name WILLIAM E. JONES Street Address (P.O. Box Number is Not Acceptable) 160 West Haines Blvd. City LAKE ALFRED FL Zip Code 33850	
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 <u>WILLIAM E. JONES</u> <i>William E Jones</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JONES, WILLIAM E. 615 S LAKESHORE WAY LAKE ALFRED, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 West Haines Blvd. LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, GENELLA M. 615 S LAKESHORE WAY LAKE ALFRED, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 West Haines Blvd. LAKE ALFRED, FL 33850
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>WILLIAM E. JONES</u>		<i>William E Jones</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	