


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90820 002 \*\*\*150.00

<b>DOCUMENT # H47930</b> 1. Entity Name <b>W. E. JONES CORPORATION</b>																																																																																		
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 # <b>160 West Haines Blvd.</b>		3. Mailing Address <b>P.O. Box 1296</b>																																																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																
City & State <b>LAKE ALFRED, FL</b>		City & State <b>LAKE ALFRED, FL</b>		4. FEI Number <b>59-2509019</b>																																																																														
Zip <b>33850</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																														
Zip <b>33850</b>		Country		6. Name and Address of Current Registered Agent  <b>JONES, WILLIAM E.</b> <b>625 S LAKESHORE WAY</b> <b>LAKE ALFRED, FL 33850</b>																																																																														
		7. Name and Address of New Registered Agent Name <b>WILLIAM E. JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 West Haines Blvd.</b> City <b>LAKE ALFRED</b> <b>FL</b> Zip Code <b>33850</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 <u><b>William E. Jones</b></u> <u><i>William E Jones</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>																																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>CP</td> <td>JONES, WILLIAM E.</td> <td>615 S LAKESHORE WAY LAKE ALFRED, FL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>ST</td> <td>JONES, GENELLA M.</td> <td>615 S LAKESHORE WAY LAKE ALFRED, FL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td></td> <td><b>160 West Haines Blvd.</b></td> <td><b>LAKE ALFRED, FL 33850</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><b>160 West Haines Blvd.</b></td> <td><b>LAKE ALFRED, FL 33850</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		CP	JONES, WILLIAM E.	615 S LAKESHORE WAY LAKE ALFRED, FL	<input type="checkbox"/>		ST	JONES, GENELLA M.	615 S LAKESHORE WAY LAKE ALFRED, FL	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition			<b>160 West Haines Blvd.</b>	<b>LAKE ALFRED, FL 33850</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<b>160 West Haines Blvd.</b>	<b>LAKE ALFRED, FL 33850</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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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.																																																																																		
<b>SIGNATURE:</b> <u><b>William E. Jones</b></u> <u><i>William E Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																		