

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H81965

1. Entity Name
J.W. JONES ARCHITECTURAL COMPANY



Principal Place of Business
4678 HIGH GROVE RD
PO BOX 37083
TALLAHASSEE, FL 32308-954 US

Mailing Address
4678 HIGH GROVE RD
PO BOX 37083
TALLAHASSEE, FL 32308-954 US

FILED
Apr 09, 2005 08:00 AM
Secretary of State



04072005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2591618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JAMES W.
4678 HIGHGROVE ROAD
TALLAHASSEE, FL 32308

**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, 2005 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
P
JONES, JAMES W.
4678 HIGHGROVE RD.
TALLAHASSEE, FL 323092954

TITLE
NAME
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CITY-ST-ZIP

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U00000295654
04/09/05-80036-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JAMES W. JONES, PRESIDENT

4/8/05 850-878-8807

Date

Daytime Phone #