

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90026

Entity Name: JONES LIFTS, INC.

FILED  
Mar 24, 2004  
Secretary of State

**Current Principal Place of Business:**

2254 16TH AVE NO  
ST PETERSBURG, FL 337135624 US

**New Principal Place of Business:**

**Current Mailing Address:**

2254 16TH AVE NO  
ST PETERSBURG, FL 337135624 US

**New Mailing Address:**

FEI Number: 59-2625561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, ANGIE R.  
2254 16TH AVE NO  
ST PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, EUCEBIA,  
Address: 2234 16TH AVE NO  
City-St-Zip: ST. PETERSBURG, FL

Title: DPC ( ) Delete  
Name: JONES, PAUL L.,  
Address: 2254 16TH AVE NO  
City-St-Zip: ST. PETERSBURG, FL

Title: DV ( ) Delete  
Name: JONES, LAWRENCE W.,  
Address: 2254 16 AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL

Title: ST ( ) Delete  
Name: JONES, ANGIE R.,  
Address: 2254 16TH AVE NO  
City-St-Zip: ST. PETERSBURG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGIE R. JONES

ST

03/24/2004

Electronic Signature of Signing Officer or Director

Date