


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J35466</b>	
1. Entity Name WALTER JONES CONSTRUCTION COMPANY, INC.	

Principal Place of Business PO BOX 1586 FERNANDINA BCH, FL 32034 US	Mailing Address PO BOX 1586 FERNANDINA BCH, FL 32034 US
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**DO NOT WRITE IN THIS SPACE**



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2824232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  POOLE, WESLEY R. 303 CENTRE STREET SUITE 200 FERNANDINA BEACH, FL 32034	
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**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000261233 03/14/05-80002-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, WALTER 142 BAYVIEW RD YULEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOLLISON, HUGH K. SR. 1235 S 10TH ST. FERNANDINA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, DOROTHY 142 BAYVIEW RD. YULEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(l), 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>Dorothy Jones</u>	<u>3-9-05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>