

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K35998**

1. Entity Name  
**RONALD JONES FERNERIES, INC.**



Principal Place of Business  
**415 EAST WASHINGTON AVENUE  
P.O. BOX 447  
PIERSON, FL 32180**

Mailing Address  
**415 EAST WASHINGTON AVENUE  
P.O. BOX 447  
PIERSON, FL 32180**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2916628**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE  
DAYTONA BEACH, FL 32114**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000912769  
05/07/08-80092-017 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | NORMA JONES          |
| STREET ADDRESS | 415 E WASHINGTON AVE |
| CITY-ST-ZIP    | PIERSON, FL 32180    |
| TITLE          | DP                   |
| NAME           | JONES, R. SCOTT      |
| STREET ADDRESS | 415 E WASHINGTON AVE |
| CITY-ST-ZIP    | PIERSON, FL 32180    |
| TITLE          | DST                  |
| NAME           | JONES, STACY ERIK    |
| STREET ADDRESS | 415 E WASHINGTON AVE |
| CITY-ST-ZIP    | PIERSON, FL 32180    |
| 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STACY JONES**

**4/11/08**

Date

**386-749-2083**

Daytime Phone #