

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35998

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: RONALD JONES FERNERIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

415 EAST WASHINGTON AVENUE  
PIERSON, FL 32180

## Current Mailing Address:

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

## New Mailing Address:

415 EAST WASHINGTON AVENUE  
P O BOX 447  
PIERSON, FL 32180

FEI Number: 59-2916628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE  
DAYTONA BEACH, FL 32114 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: NORMA JONES,  
Address: 415 E WASHINGTON AVE  
City-St-Zip: PIERSON, FL 32180

Title: DP ( ) Delete  
Name: JONES, R. SCOTT,  
Address: 415 E WASHINGTON AVE  
City-St-Zip: PIERSON, FL 32180

Title: DST ( ) Delete  
Name: JONES, STACY ERIK,  
Address: 415 E WASHINGTON AVE  
City-St-Zip: PIERSON, FL 32180

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: R. SCOTT JONES

DP

03/09/2009

Electronic Signature of Signing Officer or Director

Date