

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # K70002

1. Entity Name
C-D JONES & COMPANY, INC.



Principal Place of Business
10859 EMERALD COAST HWY
STE 4-430
DESTIN, FL 32541 US

Mailing Address
10859 EMERALD COAST HWY
STE 4-430
DESTIN, FL 32541 US



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2935678

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, DENNIS A.
10859 EMERALD COAST HWY
#4-430
DESTIN, FL 32541

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, DENNIS A.
STREET ADDRESS 10859 EMERALD COAST HWY
CITY - ST - ZIP DESTIN, FL

TITLE ST
NAME JONES, CYNTHIA L
STREET ADDRESS 10859 EMERALD COAST HWY
CITY - ST - ZIP DESTIN, FL

TITLE VD
NAME JONES, CHRISTOPHER R
STREET ADDRESS 10859 EMERALD COAST HWY
CITY - ST - ZIP DESTIN, FL

TITLE VD
NAME GARRETT, JOSEPH W
STREET ADDRESS 10859 EMERALD COAST HWY
CITY - ST - ZIP DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UN0000166658
07/16/04-80005-021 150.00

**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)(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

Date

Daytime Phone #

Dennis A. Jones

7-13-04

850-654-0011