


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K70002</b> 1. Entity Name C-D JONES & COMPANY, INC.	
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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
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03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2935678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  JONES, DENNIS A 10859 EMERALD COAST HWY #4-430 DESTIN, FL 32541
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DENNIS A. 10859 EMERALD COAST HWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, CYNTHIA L 10859 EMERALD COAST HWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, CHRISTOPHER R 10859 EMERALD COAST HWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARRETT, JOSEPH W 10859 EMERALD COAST HWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/18/05-60071-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Dennis A. Jones 4-14-05 550-654-001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #