

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70881

FILED
Jan 04, 2008
Secretary of State

Entity Name: A.M. JONES, C.P.A., P.A.

Current Principal Place of Business:

3421 N. POWERLINE RD. #5
POMPANO BEACH, FL 33069

New Principal Place of Business:

3421 N. POWERLINE RD.
5
POMPANO BEACH, FL 33069

Current Mailing Address:

3421 N. POWERLINE RD. #5
POMPANO BEACH, FL 33069

New Mailing Address:

3421 N. POWERLINE ROAD
5
POMPANO BEACH, FL 33069

FEI Number: 65-0239824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALYCE M. JONES, CPA
3421 N. POWERLINE ROAD, SUITE 5
POMPANO BEACH, FL 33069 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: JONES, ALYCE M.,
Address: 4450 N.E. 26 AVENUE
City-St-Zip: LIGHTHOUSE PT., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, ALYCE M
Address: 4450 N.E. 26TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: ALYCE M. JONES

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date