

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # M26871

1. Entity Name

JONES EQUIPMENT CO. INC.



Principal Place of Business

5617 DAWSON STREET
P.O. BOX 4708
HOLLYWOOD FL 33083

Mailing Address

5617 DAWSON STREET
P.O. BOX 4708
HOLLYWOOD FL 33083



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2613889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MILLARD E
5617 DAWSON STREET
P O BOX 4708
HOLLYWOOD FL 33083-4708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when withdrawing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	JONES, STEPHEN A	
STREET ADDRESS	5617 DAWSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, MILLARD	
STREET ADDRESS	5617 DAWSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL O	
STREET ADDRESS	5617 DAWSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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02/05/08-80022-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Millard E Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 (954) 961-9401

Date

Daytime Phone