

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000006145

1. Entity Name
PETER JONES ENTERTAINMENT, INC.



FILED
Jan 10, 2005 08:00 A
Secretary of State

Principal Place of Business
**584 S.E. MONTEREY RD.
STUART, FL 34994**

Mailing Address
**584 S.E. MONTEREY RD.
STUART, FL 34994**



01072005 No Chg-P CP2E034 (10/03)

4. FEI Number
65-0980262

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, PETER
4611 SW BRANCH TERRACE
PALM CITY, FL 34990**

**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)
Signature typed or printed name of registered agent and title if applicable.

PETER JONES

(NOTE: Registered Agent signature required when resigning)

1-7-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, PETER
STREET ADDRESS	4611 SW BRANCH TERRACE
CITY- ST- ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	JONES, JENNIFER
STREET ADDRESS	4611 S.W. BRANCH TERRACE
CITY- ST- ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/11/05-80025-020 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER JONES

1-7-05

DATE

(772) 283-2313

Daytime Phone #