

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021187

FILED
Jul 01, 2009
Secretary of State

Entity Name: JONES ROOFING AND REPAIR SERVICE, INC.

Current Principal Place of Business:

2635 SE 140TH PLACE
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

PO BOX 295
BELLEVIEW, FL 344210295

New Mailing Address:

FEI Number: 59-3632828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JOHN B
2635 SE 140TH PLACE
SUMMERFIELD, FL 34491 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: JONES, JOHN B
Address: 2635 SE 140TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: V () Delete
Name: JONES, CYNTHIA A
Address: 2635 SE 140TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN B JONES

PSTD

07/01/2009

Electronic Signature of Signing Officer or Director

Date