

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 19, 2008  
Secretary of State**

DOCUMENT# P00000068029

Entity Name: CHARLES H. JONES, INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2401 WEST BAY DR  
SUITE413  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2401 WEST BAY DR  
SUITE413  
LARGO, FL 33770

**New Mailing Address:**

FEI Number: 59-3681363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, CHARLES H  
13977 SPOONBILL LANE  
CLEARWATER, FL 33762      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: P      ( ) Delete  
Name: JONES, CHARLES H  
Address: 13977 SPOONBILL LANE  
City-St-Zip: CLEARWATER, FL 33762

Title: V      ( ) Delete  
Name: JONES, DAVID H  
Address: 13977 SPOONBILL LANE  
City-St-Zip: CLEARWATER, FL 33762

Title: ST      ( ) Delete  
Name: JONES, LINDA B  
Address: 13977 SPOONBILL LANE  
City-St-Zip: CLEARWATER, FL 33762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: CHARLES H JONES

PRES

08/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date