

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068029

FILED
Feb 23, 2010
Secretary of State

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:

2401 WEST BAY DR
SUITE413
LARGO, FL 33770 US

Current Mailing Address:

2401 WEST BAY DR
SUITE413
LARGO, FL 33770

New Mailing Address:

2401 WEST BAY DR
SUITE413
LARGO, FL 33770 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES H JONES

PRES

02/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date