


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90007 027 \*\*\*150.00

<b>DOCUMENT # P00000083859</b>			
<b>1. Entity Name</b> KELLEY D. JONES, P.A.			
<b>Principal Place of Business</b> 2750 N.W. 43RD STREET SUITE 201 GAINESVILLE, FL 32606		<b>Mailing Address</b> 2750 N.W. 43RD STREET SUITE 201 GAINESVILLE, FL 32606	
<b>2. Principal Place of Business</b> 5800 NW 39th Avenue Suite, Apt. #, etc. Ste 102 City & State Gainesville, Florida Zip 32606		<b>3. Mailing Address</b> 5800 NW 39th Avenue Suite, Apt. #, etc. Ste 102 City & State Gainesville, Florida Zip 32606	
<b>4. FEI Number</b> 59-3671655		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JONES, KELLEY D 2750 NW 43RD STREET STE 201? GAINESVILLE, FL 32606		<b>7. Name and Address of New Registered Agent</b> Name <u>Kelley D Jones</u> Street Address (P.O. Box Number is Not Acceptable) 5800 NW 39th Avenue, Ste 102 City <u>Gainesville</u> <u>FL</u> Zip Code <u>32606</u>	
<b>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.</b> SIGNATURE <u>Kelley D Jones</u> <span style="float: right;">8/2/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE D <input type="checkbox"/> Delete NAME JONES, KELLEY D STREET ADDRESS 2750 NW 43RD STREET STE 201 CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 5800 NW 39th Avenue, Ste 102 CITY-ST-ZIP Gainesville, FL 32606		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>			
<b>SIGNATURE:</b> <u>Kelley D Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/2/04 <span style="float: right;">(352) 377-2004</span> <small>Date Daytime Phone #</small>	