


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90104 018 ***150.00

DOCUMENT # P01000120098	
1. Entity Name ALEXANDER S. JONES, P.A.	

Principal Place of Business 27032 S. DIXIE HWY NARANJA FL 33032	Mailing Address 1504 NORTHWEST 20TH STREET HOMESTEAD FL 33030
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 27032 S. Dixie Hwy	3. Mailing Address 1504 NW 20th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NARANJA FL	City & State Homestead FL
Zip 33032	Zip 33030-2809
Country USA	Country USA

4. FEI Number 65-1159990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1504 NW 20TH ST. HOMESTEAD FL 33030	7. Name and Address of New Registered Agent Name ALEXANDER S. JONES Street Address (P.O. Box Number is Not Acceptable) 1504 NW 20th Street City Homestead FL Zip Code 33030-2809
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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 *Alexander S. Jones* **DATE** 02/01/2005

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JONES, ALEXANDER S 1504 NORTHWEST 20TH STREET HOMESTEAD FL 33030-2809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alexander S. Jones* **DATE** 02/01/2005 (305) 246-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR