

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 014 ***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



2. Principal Place of Business - No P.O. Box #

27032 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

1504 NW 20th Street

Suite, Apt. #, etc.

Homestead, FL

2nd MOORE

CR2E034 (4/07)

City & State

NARANJA, FL

City & State

Homestead, FL

4. FEI Number

65-1159990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, ALEXANDER
1504 NW 20TH ST.
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

Alexander Jones, ARNP PA

Street Address (P.O. Box Number is Not Acceptable)

1504 NW 20th Street

City

Homestead, FL

FL

Zip Code

33030

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 Jones

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

2/15/07

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JONES, ALEXANDER S PRESIDE
STREET ADDRESS 1504 NORTHWEST 20TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030-2809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Jones

ALEXANDER Jones 2/15/07 (305)246-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #