

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 024 ***150.00

DOCUMENT # P02000000667

1. Entity Name
 A.J. JONES, INC.



Principal Place of Business Mailing Address
 PO BOX 3395 PO BOX 3395
 DUNNELLON, FL 34430 US DUNNELLON, FL 34430 US

50011853



2. Principal Place of Business 3. Mailing Address
 7944 W. NATIVE DANCE COURT Suite, Apt. #, etc. !

04032006 Chg-P CR2E034 (11/05)

City & State DUNNELLON FLORIDA City & State
 Zip 34433 Country Zip Country

4. FEI Number 59-3719512 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, A J
 2276 W WINTERS PLACE 7944 WEST NATIVE DANCE
 CITRUS SPRINGS, FL 34434 COURT.
 DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Jill Jones - President*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JILL A 2276 W WINTERS PLACE CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7944 W. NATIVE DANCE COURT DUNNELLON FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ANDREW C 2276 W WINTERS PLACE CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7944 W. NATIVE DANCE COURT DUNNELLON FL 34433
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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

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: *Jill Jones Jill Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

352-795-4483

DATE

DAYTIME PHONE #