

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000033399

1. Entity Name
JONES FIRE PROTECTION, INC.



Principal Place of Business
**1824 CORNWALLIS PKWY
CAPE CORAL, FL 33904**

Mailing Address
**1824 CORNWALLIS PKWY
CAPE CORAL, FL 33904**



03312004 No Chg-P CR2E034 (10/0/0)

4. FEI Number **04-3622059** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, GERALD T
1824 CORNWALLIS PKWY
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000113340
04/15/04-80005-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **JONES, GERALD T**
STREET ADDRESS **1824 CORNWALLIS PARKWAY**
CITY, ST, ZIP **CAPE CORAL, FL 33904**

TITLE **ST**
NAME **JONES, SHARON**
STREET ADDRESS **1824 CORNWALLIS PARKWAY**
CITY, ST, ZIP **CAPE CORAL, FL 33904**

TITLE
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IN THIS SPACE**

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, without other fee empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04 239-851-0457