

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035059

Entity Name: JONES & WOLFE, P.A.

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

750 S.E. THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

Current Mailing Address:

750 S.E. THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

6851 WEST SUNRISE BLVD.
SUITE 140
PLANTATION, FL 33313

New Mailing Address:

6851 WEST SUNRISE BLVD.
SUITE 140
PLANTATION, FL 33313

FEI Number: 01-0664686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, TAMI R
750 S.E. THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

WOLFE, TAMI R
6851 WEST SUNRISE BLVD.
SUITE 140
PLANTATION, FL 33313 US

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.

SIGNATURE:

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, K.P.
Address: 750 S.E. THIRD AVENUE, #300
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D (X) Delete
Name: WOLFE, TAMI R
Address: 750 S.E. THIRD AVENUE, #300
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOLFE, TAMI R
Address: 6851 WEST SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMI R. WOLFE

D

01/17/2005

Electronic Signature of Signing Officer or Director

Date