

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036246

FILED
Feb 05, 2004
Secretary of State

Entity Name: T. & B. JONES, P.A.

Current Principal Place of Business:

4724 OVERLOOK DRIVE, N.E.
SAINT PETERSBURG, FL 33703 US

New Principal Place of Business:

6177 SUN BLVD.
#114
SAINT PETERSBURG, FL 33715 US

Current Mailing Address:

4724 OVERLOOK DRIVE, N.E.
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

6177 SUN BLVD.
#114
SAINT PETERSBURG, FL 33715 US

FEI Number: 04-3642593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, THOMAS R
4724 OVERLOOK DRIVE, N.E.
SAINT PETERSBURG, FL 33703

Name and Address of New Registered Agent:

JONES, THOMAS R
6177 SUN BLVD.
114
SAINT PETERSBURG, FL 33715 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:

02/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, THOMAS R
Address: 4724 OVERLOOK DRIVE, N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V () Delete
Name: JONES, BARBARA J
Address: 4724 OVERLOOK DRIVE, N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, THOMAS R
Address: 6177 SUN BLVD.
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: V (X) Change () Addition
Name: JONES, BARBARA J
Address: 6177 SUN BLVD.
City-St-Zip: SAINT PETERSBURG, FL 33715

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: THOMAS R. JONES

PD

02/05/2004

Electronic Signature of Signing Officer or Director

Date