

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90023 015 \*\*\*150.00

**DOCUMENT # P02000056602**

1. Entity Name

NR JONES, PA



Principal Place of Business

27 PENNOCK LANE  
SUITE 101  
JUPITER FL 33458

Mailing Address

27 PENNOCK LANE  
SUITE 101  
JUPITER FL 33458

2. Principal Place of Business

27 HIGHLAND AVENUE

3. Mailing Address

P.O. BOX 5207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLORIDA

City & State

ORMOND BEACH, FLORIDA

4. FEI Number

57-1136059

Applied For

Not Applicable

Zip

32174

Country

VOLUSIA

Zip

32175

Country

VOLUSIA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASKEW, JEFFREY D  
27 PENNOCK LANE  
SUITE 101  
JUPITER FL 33458

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

Signature, typed or printed name of registered agent and title 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**

**Make Check Payable to Florida Department of State**

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

TITLE PD ☐ Delete  
NAME JONES, NANCY R  
STREET ADDRESS 27 PENNOCK LANE, #101  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 27 HIGHLAND AVENUE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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, with all other like empowered.

NANCY R. JONES, PRESIDENT

SIGNATURE:

*Nancy R. Jones, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04  
Date

(561) 310-4715  
Daytime Phone #