

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 008 ***150.00

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1. Entity Name

S. JONES, INC.



Principal Place of Business

PO BOX 1122
KEY LARGO FL 33037

Mailing Address

PO BOX 1122
KEY LARGO FL 33037



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 04-3699719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREAS,AM, GERA;D E CPA
335 LAGUNA AVE
KEY LARGO FL 33137

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when no instruction)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

NAME D ☐ Delete
JONES, STEPHEN T
STREET ADDRESS PO BOX 1122
CITY- ST- ZIP KEY LARGO FL 33037

NAME D ☐ Delete
JONES, SALLY A
STREET ADDRESS PO BOX 1122
CITY- ST- ZIP KEY LARGO FL 33037

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME P ☒ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

NAME V/T/S ☒ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stephen T. Jones Stephen T. Jones 03/06/07 305-619-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #