

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90051 050 ***150.00

DOCUMENT # P02000095356

1. Entity Name

GC JONES ACQUISITIONS, INC.



Principal Place of Business

9375 HIGHWAY 98 WEST UNIT
11
MIRAMAR BEACH FL 32550

Mailing Address

9375 HIGHWAY 98 WEST UNIT
11
MIRAMAR BEACH FL 32550



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

Suite, Apt. #, etc.

3. Mailing Address

PO Box 6756

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Miramar Beach, FL

4. FEI Number

16-1627743

Applied For

Not Applicable

Zip

Country

Zip

Country

32550

Walton

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

JONES, WHIPPLE V
9375 HWY 98 WEST UNIT
11
MIRAMAR BEACH FL 32550

Name

Colleen Coffield Sachs, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1719 S County Hwy 393

City

Santa Rosa Beach

FL

Zip Code

32459

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.

COLLEEN COFFIELD SACHS

2/6/07

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PDCE ☐ Delete
NAME JONES, WHIPPLE V III
STREET ADDRESS 9375 HWY 98 W UNIT 11
CITY- ST- ZIP MIRAMAR BEACH FL 32550

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Whipple V Jones III

Date

2/7/07

Daytime Phone #

850 269264