

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000115255

1. Entity Name

JONES ENTERPRISES OF NORTH FLORIDA, INC.



Principal Place of Business

606 NE 10TH BLVD
WILLISTON FL 32696

Mailing Address

606 NE 10TH BLVD
WILLISTON FL 32696



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0574230

Applied For

Not Applied

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, HILTON F III
606 NE 10TH BLVD
WILLISTON FL 32696

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Mo.
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JONES, HILTON F III
STREET ADDRESS 606 NE 10TH BLVD.
CITY-ST-ZIP WILLISTON FL 32696 ☐ Delete

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS U000000523318
CITY-ST-ZIP 05/03/06-80067-011 150.00

TITLE SD
NAME JONES, HILTON F JR.
STREET ADDRESS H C 4 BOX 315
CITY-ST-ZIP OLD TOWN FL 32680 ☐ Delete

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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:

H.F. Jones III H.F. JONES III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

Daytime Phone #

352-529-021