

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30 2007 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



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0574230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, HILTON F III
STREET ADDRESS	606 NE 10TH BLVD.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	SD
NAME	JONES, HILTON F JR.
STREET ADDRESS	H C 4 BOX 315
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80037-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 (352)528-0714
Date Daytime Phone