

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013575

Entity Name: DAVID W. JONES, INC.

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1530 COUNTY ROAD 302  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 367  
BUNNELL, FL 32110 US

**New Mailing Address:**

FEI Number: 55-0834679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BAGGERSON, LAUREN  
1575 AVIATION CTR. PKWY, #508  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JONES, DAVID W  
Address: P.O. BOX 367  
City-St-Zip: BUNNELL, FL 32110

Title: ST  
Name: JONES, ROBIN P  
Address: P.O.BOX 367  
City-St-Zip: BUNNELL, FL 32110

Title: VP  
Name: JONES, HUBERT W  
Address: P.O.BOX 367  
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN P JONES

ST

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date