


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 019 ***150.00

DOCUMENT # P03000017695

1. Entity Name
JONES HOMES USA, INC.



Principal Place of Business Mailing Address
370 CENTER POINTE CIR STE 1136 **370 CENTER POINTE CIR STE 1136**
ALTAMONTE SPRINGS, FL 32701 **ALTAMONTE SPRINGS, FL 32701**



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

02182008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
56-2458301 Not Applicable

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	
PASQUALETTI, JOSEPH P 370 CENTER POINTE CIR STE 1136 ALTAMONTE SPRINGS, FL 32701		Name <u>Mary Walsh</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>370 Centerpointe Cir. #1136</u>	
		City <u>Altamonte Springs</u>	FL Zip Code <u>32701</u>

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 Mary Walsh DATE 2/22/2008

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PASQUALETTI, JOSEPH P 370 CENTER POINTE CIR STE 1136 ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Eric Emerson</u> <u>370 Centerpointe Cir. #1136</u> <u>Altamonte Springs, FL 32701</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PETER E 370 CENTER POINTE CIR STE 1136 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>DV</u> <u>Jonathan Claber</u> <u>370 Centerpointe Cir. #1136</u> <u>Altamonte Springs, FL 32701</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KYNASTON, NEIL 370 CENTERPOINTE CIR STE 1136 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] Date 3/11/2008 Daytime Phone # (407) 834-9560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #