

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90019 033 \*\*\*150.00

**DOCUMENT # P03000032279**

1. Entity Name

L.E. JONES TRIM CARPENTRY, INC.



Principal Place of Business

4155 N COUTENAY PKWY  
MERRITT ISLAND FL 32953

Mailing Address

2491 ROBINHOOD DRIVE  
COCOA FL 32926



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

4155 N. Courtney Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

2491 Robinhood Dr  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Merritt Island, Fla

City & State

Cocoa FLA

4. FEI Number

55-0824759

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32926

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, LAWRENCE E  
2491 ROBINHOOD DRIVE  
COCOA FL 32926

7. Name and Address of New Registered Agent

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

*Lawrence E. Jones*

1-22-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	PD	<input type="checkbox"/> Delete
NAME	JONES, LAWRENCE E	
STREET ADDRESS	2491 ROBINHOOD DRIVE	
CITY- ST- ZIP	COCOA FL 32926	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CURRY, PAUL E	
STREET ADDRESS	135 COCOA PALMS AVENUE	
CITY- ST- ZIP	CAPE CANAVERAL FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lawrence E. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #