

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000070753

1. Entity Name
THE LAW OFFICES OF J. ERIC JONES, P.A.



Principal Place of Business

PO BOX 44195
JACKSONVILLE, FL 32222 US

Mailing Address

PO BOX 44195
JACKSONVILLE, FL 32222 US

550 Water Street, Ste 1140
JACKSONVILLE, FL 32202

FILED

05 JUN 10 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252005 No Chg-P CR2E034 (10/03)

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4. FEI Number
03-0521990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, ERIC J
~~362 SANDY BOTTOM COURT
ORANGE PARK, FL 32073~~

550 Water Street, Ste 1140
JACKSONVILLE, FL 32202

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, ERIC J
STREET ADDRESS PO BOX 44195
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE T
NAME JONES, ERIC J
STREET ADDRESS PO BOX 44195
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE S
NAME JONES, ERIC J
STREET ADDRESS PO BOX 44195
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE D
NAME JONES, ERIC J
STREET ADDRESS PO BOX 44195
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500056156415
06/14/05--01054--003 **159.00

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IN THIS SPACE**

PR 6/10

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payment Due

904-334-2007