2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P03000127674 WILLIAM E. JONES CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 96617 CESSNA DRIVE 96617 CESSNA DRIVE YULEE, FL 32097 -- YULEE, FL 32097 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 20-0385916 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JONES, WILLIAM E 96617 CESSNA DRIVE DO NOT WRITE YULEE, FL 32097 IN THIS SPACE 3. 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) U00000470463 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 03/28/06-80**015-**002 150.**00** Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JONES, WILLIAM E 95617 CESSNA DR. STREET ADORESS YULEE, FL 32097 CITY-\$1-212 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ππе IN THIS SPACE NAME STREET AGORESS CITY-ST-21P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP meNAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED