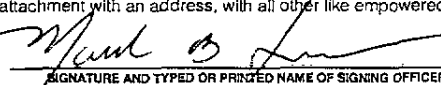


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000134277						
1. Entity Name JONES CLASSIC DESIGNS, INC.						
Principal Place of Business 13028 MARSH FERN DR ORLANDO, FL 32828	Mailing Address 13028 MARSH FERN DR ORLANDO, FL 32828					
DO NOT WRITE IN THIS SPACE						
		 02272005 No Chg-P CR2E034 (10/03)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 56-2409297</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 56-2409297	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 56-2409297	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
JONES, KAREN M 13028 MARSH FERN DR ORLANDO, FL 32828		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 _____ (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				
		1000000254659 03/07/05-80081-025 150.00				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, MARK B 13028 MARSH FERN DR ORLANDO, FL 32828					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, KAREN M 13028 MARSH FERN DR ORLANDO, FL 32828					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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: 		3/1/05 407.380 9186				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				