

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

05 MAY 12 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000157235

1. Entity Name  
ROBERT R. JONES, INC.



Principal Place of Business  
444 BROADVIEW AVENUE  
WINTER PARK FL 32789

Mailing Address  
444 BROADVIEW AVENUE  
WINTER PARK FL 32789



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
444 Broadview Ave.  
Suite, Apt. #, etc.  
City & State  
Winter Park, Fl  
Zip  
32789  
Country  
Orange

3. Mailing Address  
443 Broadview Ave.  
Suite, Apt. #, etc.  
City & State  
Winter Park, Fl  
Zip  
32789  
Country  
Orange

4. FEI Number 90-0146032

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
JONES, ROBERT R  
444 BROADVIEW AVENUE  
WINTER PARK FL 32789

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 Robert R Jones (NOTE: Registered Agent signature required when reissuing)

DATE 4/20/05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT R		NAME		
STREET ADDRESS	444 BROADVIEW AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT R		NAME		
STREET ADDRESS	444 BROADVIEW AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Robert R Jones (Signature and Typed or Printed Name of Signing Officer or Director)

DATE 4/20/05 407.340.9402 (Daytime Phone #)