

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90102 032 ***150.00

DOCUMENT # P04000052714

1. Entity Name
JONES IRRIGATION SERVICES, INC.



Principal Place of Business
**94 READY AVE.,
UNIT 3-B
FT. WALTON BEACH, FL 32548**

Mailing Address
**94 READY AVE.,
UNIT 3-B
FT. WALTON BEACH, FL 32548**

50057519



2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

05112005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3364479

Applied For
Not Applicable

Zip Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

**JONES, LUTHER
9864 MARY ANNE DR.
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name **Same**
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

Luther Jones - President

6-17-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> Delete
NAME	JONES, LUTHER	
STREET ADDRESS	9864 MARY ANNE DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	S D	<input type="checkbox"/> Delete
NAME	JONES, CAROLYN	
STREET ADDRESS	9864 MARY ANNE DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITE, KENNETH	
STREET ADDRESS	244 HOLLYWOOD BLVD., APT. D	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPRINGLEY, ROY	
STREET ADDRESS	22 BOBOLINK ST. N.W.	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
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	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
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
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

Luther Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/05 (850) 243-7740

Date

Daytime Phone #

9-20-05

ATTACHMENT
P04000052714
50057519

Dear Sir,

My mail that was sent to you
came back last week, where postage
was due. I guess the stamp came
off some of my letters, because of
so much rain & (2) Hurricane
we have had here.

I'm pleading for some ex-
tension on my processing of
our cooperation.

Thank you,

Luther Jones, President
T.M. / Migration Society Inc