## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000052714

SPRINGLEY, ROY

FT. WALTON BEACH, FL 32548 US

821 DAWES RD

Name:

Address:

City-St-Zip:

FILED Apr 09, 2008 Secretary of State

Entity Name: JONES IRRIGATION SERVICES, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
94 READY UNIT 3-B FT. WALTO	•	, FL 32548				
Current Mailing Address:			New Maili	New Mailing Address:		
94 READY UNIT 3-B FT. WALTO	•	, FL 32548				
FEI Number:	59-3364479	FEI Number Applied For ( )	FEI Number Not App	icable()	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
JONES, LUTHER 9864 MARY ANNE DR. NAVARRE, FL 32566 US			813 DELTO STE. A	ALL FLORIDA FIRM, INC. 813 DELTONA BLVD. STE. A DELTONA, FL 32725 US		
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.						
SIGNATUR	RE: JACKI	E SMITH RA		04/09/2008		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	AND DIR	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P D JONES, LU <sup>-</sup> 9864 MARY NAVARRE, I	ANNE DR.	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S D JONES, CA 9864 MARY NAVARRE, I	ANNE DR.	Title: Name: Address: City-St-Zip:	PRINGLEY, RO 821 DAWES RE		
Title: Name: Address: City-St-Zip:	VP JONES, BR 2102 AVENI NAVARRE,		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title:	S	(X) Delete	Title:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JACKIE SMITH WITH ALL FLORIDA FIRM, INC. RA

04/09/2008