2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 25, 2007 08:00 AM Secretary of State

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1. Entity Name

JONES AND JONES FABRICATION, INC.



Principal Place of Business

Mailing Address

1016 SAN FERNANDO STREET FERNANDINA BEACH, FL 32034 US 1016 SAN FERNANDO STREET FERNANDINA BEACH, FL 32034

No Chg-P

CR2E034 (11/05)

4. FEI Number 45-0539349

01222007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, VERNON WAYNE 1016 SAN FERNANDO STREET FERNANDINA BEACH, FL 32034

FERNANDINA BEACH, FL 32034

1016 SAN FERNANDO STREET

FERNANDINA BEACH, FL 32034

JONES, VERNON WAYNE

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			l		
8. The above the obligat	named entity submits this statement for the p lions of registered agent.	urpose of changing its re	egistered office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.					
<u> </u>	Signature, typed or printed name of registered agent and title if	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PRES				41-
NAME	NAME JONES, VERNON W				U00000602841 01/26/07-80108-017 150.00
STREET ADDRESS	TADDRESS 1016 SAN FERNANDO STREET				01/26/07-80108-017 150.00
CITY ST-ZIP	FERNANDINA BEACH, FL 32034		i i		
TITLE	SECR	,, , , , , , , , , , , , , , , , , , ,			
NAME	JONES, REBECCA		l		
STREET ADDRESS	1016 SAN FERNANDO STREET				•

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

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 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; of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name application or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TREA

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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