

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90004 032 ***550.00

DOCUMENT # P04000074300					
1. Entity Name JONES GRASSING, INC.					
Principal Place of Business 13750 LEVY ST WILLISTON, FL			Mailing Address 13750 LEVY ST WILLISTON, FL		
2. Principal Place of Business 13750 East Levy St Suite, Apt. #, etc. Williston City & State FL		3. Mailing Address 13750 East Levy St Suite, Apt. #, etc. Williston City & State FL			
Zip 32696 Country Levy		Zip 32696 Country Levy		08072005 Chg-P CR2E034 (10/03)	
4. FEI Number EIN# 20-1359155				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JONES, RANDALL L 13750 LEVY ST WILLISTON, FL	
7. Name and Address of New Registered Agent Name <u>Jones Randall L II</u> Street Address (P.O. Box Number is Not Acceptable) <u>13750 East Levy St</u> City <u>Williston</u> <u>FL</u> Zip Code <u>32696</u>				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 <u>Randall L Jones II</u> <u>Randall L II</u> <u>8-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RANDALL L II <input type="checkbox"/> Delete 13750 LEVY ST WILLISTON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RANDALL L <input type="checkbox"/> Delete 13750 LEVY ST WILLISTON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones, Randall L II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13750 EAST LEVY ST Williston FL 32696				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones Randall L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13750 EAST LEVY ST williston FL 32696				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Randall L II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-7-05 352-427-8960 <small>Date Daytime Phone #</small>	