2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000079264

1. Entity Name
JON-ALL, INC

Principal Place of Business	Mailing Address
5415 QUAIL HOLLOW DRIVE MERRITT ISLAND, FL 32953	5415 QUAIL HOLLOW DRIVE MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1233095
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, MARIANNE
5415 QUAIL HOLLOW DRIVE
MERRITT ISLAND, FL 32953

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, MARIANNE
STREET ADDRESS	5415 QUAIL HOLLOW DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VD
NAME	JONES, PAUL
STREET ADDRESS	5415 QUAIL HOLLOW DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD
NAME	ALLEN, DAWN
STREET ADDRESS	3213 LEE SHORE LOOP
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	TD
NAME	ALLEN, ERIC
STREET ADDRESS	3213 LEE SHORE LOOP
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80092-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marianne Jones 4-26-06 321-636-9941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #