

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079264

Entity Name: JON-ALL, INC

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

3464 AVALON PARK EAST BLVD.  
SUITE A-108  
ORLANDO, FL 32828

## New Principal Place of Business:

## Current Mailing Address:

3464 AVALON PARK EAST BLVD.  
SUITE A-108  
ORLANDO, FL 32828

## New Mailing Address:

FEI Number: 20-1233095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

JONES, MARIANNE  
19410 SARMUNDHAM STREET  
ORLANDO, FL 32833 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.

SIGNATURE:

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JONES, MARIANNE  
Address: 5415 QUAIL HOLLOW DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD ( ) Delete  
Name: JONES, PAUL  
Address: 5415 QUAIL HOLLOW DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete  
Name: ALLEN, DAWN  
Address: 3213 LEE SHORE LOOP  
City-St-Zip: ORLANDO, FL 32820

Title: TD ( ) Delete  
Name: ALLEN, ERIC  
Address: 3213 LEE SHORE LOOP  
City-St-Zip: ORLANDO, FL 32820 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JONES, MARIANNE  
Address: 19410 SARMUNDHAM STREET  
City-St-Zip: ORLANDO, FL 32833

Title: VD (X) Change ( ) Addition  
Name: JONES, PAUL  
Address: 19410 SARMUNDHAM STREET  
City-St-Zip: ORLANDO, FL 32833

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARIANNE JONES

PSD

04/19/2007

Electronic Signature of Signing Officer or Director

Date