


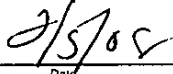


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000086830</b>						<p><b>FILED</b></p> <p><b>08 FEB - 5 PM 3:47</b></p> <p><b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b></p> 			
<b>1. Entity Name</b> EDWARD JONES INC.				<b>Principal Place of Business</b> 752 WOODVILLE HWY CRAWFORDVILLE, FL 32232-7				<b>Mailing Address</b> 752 WOODVILLE HWY CRAWFORDVILLE, FL 32232-7	
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b>				01112008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				<b>4. FEI Number</b> 20-1259813	
City & State				City & State				Applied For Not Applicable	
Zip		Country		Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>			
BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333						Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code			
<b>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.</b>									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete JONES, EDWARD 752 WOODVILLE HWY CRAWFORDVILLE, FL 322327				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"/> Delete				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"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>									
<b>SIGNATURE:</b> 					Date: 				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone #				