

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000100058

1. Entity Name
LEON JONES CONSTRUCTION, INC.



Principal Place of Business
7717 NW 179TH STREET
ALACHUA, FL 32615

Mailing Address
7717 NW 179TH STREET
ALACHUA, FL 32615



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0096804	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, M. LEON
7717 NW 179TH STREET
ALACHUA, FL 32615

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, M. LEON 7717 NW 179TH STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDGELL, LEA 7717 NW 179TH STREET ALACHUA, FL 32615
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08/18/06-80001-010 558.75

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #