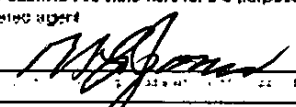
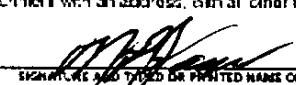


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 010 ***158.75

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		
2. Principal Place of Business - No P.O. Box # 16130 West HWY US 441		3. Mailing Address P.O. Box 2669		400011001	
Extra Amt # 400		Extra Amt # 400		01152007 Chg-P CR2E034 (12/06)	
City & State Alachua, Florida		City & State High Springs, Florida		4. FE Number 27-0096804	
Zip 32616	Country USA	Zip 32655	Country USA	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JONES, M. LEON 7717 NW 179TH STREET ALACHUA, FL 32615			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  M. Leon Jones, President					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	POSITION	DATE	NAME	POSITION	DATE
JONES, M. LEON	P	☐ Delete			☐ Change ☐ Addition
7717 NW 179TH STREET					
ALACHUA, FL 32615					
RIDGELL, LEA	S	☒ Delete			☐ Change ☐ Addition
7717 NW 179TH STREET					
ALACHUA, FL 32615					
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  M. Leon Jones, President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					