

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104884

Entity Name: JONES TAX OFFICES, INC.

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

435 CLARK RD - STE 107
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

435 CLARK RD - STE 107
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, GERALD P
435 CLARK RD - STE 107
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, GERALD P
Address: 804 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: SMITH, LINDA JONES
Address: 807-2 FOXRUN
City-St-Zip: LAFAYETTE, LA 70508

Title: T () Delete
Name: EPPS, MARY A
Address: 5335 CASH CIRCLE DR
City-St-Zip: BEAUMONT, TX 77705

Title: S () Delete
Name: JONES, GENEVIEVE
Address: 17700 S AVALON BLVD - SP 14
City-St-Zip: CARSON, CA 90746

Title: D () Delete
Name: ALLEN, FREN
Address: 1420 HWY 492
City-St-Zip: COLFAX, LA 71417

Title: D () Delete
Name: SIMMONS, CHARLES
Address: 10311 S HARVARD BLVD
City-St-Zip: LOS ANGELES, CA 90047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Section 119.07(3)(i), 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: MARY A EPPS

T

01/24/2005

Electronic Signature of Signing Officer or Director

Date