2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104884

Entity Name: JONES TAX OFFICES, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
435 CLARK RD - STE 107 JACKSONVILLE, FL 32218		2039-1 SOUTEL DR. JACKSONVILLE, FL 32208
Current Mailing Address:		New Mailing Address:
435 CLARK RD - STE 107 JACKSONVILLE, FL 32218		2039-1 SOUTEL DR. JACKSONVILLE, FL 32208
FEI Number:	FEI Number Applied For () FEI N	lumber Not Applicable (X) Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:
435 CLÁRK RD - STE 107 JACKSONVILLE, FL 32218 US The above named entity submits this statement for the purpose of ch		JONES, GERALD P 2039-1 SOUTEL DR JACKSONVILLE, FL 32208 US e of changing its registered office or registered agent, or both,
in the State of Florida.		
SIGNATUR	··	02/07/2006
	Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P () Delete JONES, GERALD P 804 WESTMINSTER DR ORANGE PARK, FL 32073 VP () Delete SMITH, LINDA JONES 807-2 FOXRUN LAFAYETTE, LA 70508	Title: () Change () Addition Name: Address: City-St-Zip: Title: VP (X) Change () Addition Name: SMITH, LINDA JONES Address: 2826 LOUISIANA AVE. UNIT #1103 City-St-Zip: LAFAYETTE, LA 70507
Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Delete EPPS, MARY A 5335 CASH CIRCLE DR BEAUMONT, TX 77705 S () Delete JONES, GENEVIEVE 17700 S AVALON BLVD - SP 14	Title: T (X) Change () Addition Name: EPPS, MARY A Address: 5335 CASH CIRCLE City-St-Zip: BEAUMONT, TX 77705 Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CARSON, CA 90746 D () Delete ALLEN, FREN 1420 HWY 492 COLFAX, LA 71417 D () Delete SIMMONS, CHARLES 10311 S HARVARD BLVD LOS ANGELES, CA 90047	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 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: MARY A. EPPS T 02/07/2006