

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000124527			
1. Entity Name JONES MECHANICAL CORP.			
Principal Place of Business 1535 N COGSWELL ST STE A-4 ROCKLEDGE, FL 32955 US		Mailing Address 1535 N COGSWELL ST STE A-4 ROCKLEDGE, FL 32955 US	
DO NOT WRITE IN THIS SPACE			
		05232006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 55-0881413	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYER, DAVID W 325 5TH AVE SUITE 205 INDIALANTIC, FL 32903		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 _____ <small>(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when re/instating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		<div>U00000056238 05/30/06-80001-023 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, HERSCHEL 2120 RIVER OAKS CT ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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:  HERSCHEL L. JONES 321-433-3422		Date <u>5-23-06</u> <small>Daytime Phone #</small>	