

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138284

Entity Name: DR. TERRY L. JONES, INC.

FILED  
Feb 18, 2009  
Secretary of State

## Current Principal Place of Business:

3121 CABLE DRIVE  
HOLIDAY, FL 34691 US

## New Principal Place of Business:

3432 US HIGHWAY 19 N  
PMB-P  
HOLIDAY, FL 34691 US

## Current Mailing Address:

3121 CABLE DRIVE  
HOLIDAY, FL 34691 US

## New Mailing Address:

3432 US HIGHWAY 19 N  
PMB-P  
HOLIDAY, FL 34691 US

FEI Number: 20-1829564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, TERRY L  
3121 CABLE DRIVE  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

JONES, TERRY L  
3432 US HIGHWAY 19 N  
PMB-P  
HOLIDAY, FL 34691 US

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:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, TERRY L  
Address: 3121 CABLE DRIVE  
City-St-Zip: HOLIDAY, FL 34691 US

Title: VP ( ) Delete  
Name: JONES, SHARI R  
Address: 3121 CABLE DRIVE  
City-St-Zip: HOLIDAY, FL 34691 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JONES, TERRY L  
Address: 3432 US HIGHWAY 19 N PMB-P  
City-St-Zip: HOLIDAY, FL 34691 US

Title: VP (X) Change ( ) Addition  
Name: JONES, SHARI R  
Address: 3432 US HIGHWAY 19 N PMB-P  
City-St-Zip: HOLIDAY, FL 34691 US

Title: SEC ( ) Change (X) Addition  
Name: MILLER, BETH A  
Address: 3432 US HIGHWAY 19 N PMB-P  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify 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: SHARI R. JONES

VP

02/18/2009

Electronic Signature of Signing Officer or Director

Date