

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **P04000172500**

1. Entity Name

**Jones + Jones Cleaning + Hauling
Inc.**



FILED

07 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500102213105

05/11/07--01030--008 **150.00

CR2E034B (8/05)

07

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

207 Arden

Suite, Apt. #, etc.

3. Mailing Address

207 Arden Rd

Suite, Apt. #, etc.

City & State

Talla FL

City & State

Talla FL

4. EEI Number

01-0825748

Applied For

☒ Not Applicable

Zip

32305

Country

Leon

Zip

32305

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Linda Jones

Street Address (P.O. Box Number is Not Acceptable)

207 Arden Rd

City

Talla

FL

Zip Code

32305

**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

Linda Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-07

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **Jones, Linda**
STREET ADDRESS **207 Arden Rd**
CITY-ST-ZIP **Talla FL 32305**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

Daytime Phone #