

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000011328

1. Entity Name
JONES GAGLIO P. A.



Principal Place of Business
901 GRACE AVE.
PANAMA CITY, FL 32401 US

Mailing Address
901 GRACE AVE.
PANAMA CITY, FL 32401 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09122008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2199903

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, NANCY L
901 GRACE AVE.
PANAMA CITY, FL 32401

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

400136106274

09/18/08--01047--0474 **0.00

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JONES, NANCY L
STREET ADDRESS 901 GRACE AVE.
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE P ☒ Change ☐ Addition
NAME GAGLIO, NANCY JONES
STREET ADDRESS 901 Grace Ave.
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE VP ☒ Delete
NAME GAGLIO, FRANK A
STREET ADDRESS 901 GRACE AVE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE A/K/A Nancy L. Jones ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/08 850 763-3999

FILED
08 SEP 15 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

