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ANNUAL REPORT				Aug 03, 2007 08:00 Secretary of Sta			
DOCUMENT # P05000022216 1. Entity Name CONNIE Y JONES, PA					S	ecretary of Sta	
Principal Plac 5104 INDIAN FT PIERCE, F	I BEND LANE	Mailing Address 5104 INDIAN BEND LANE FT PIERCE, FL 34951 US		***************************************			
DO NOT WRITE IN THIS SPA			CE	08012007 No Chg-P CR2E034 (11/05) 4. FEI Number			
FT PIERCI	AN BEND LANE E, FL 34951	DO NOT WRITE IN THIS SPACE					
8. The above the obligat SIGNATURE_	named entity submits this statements of registered agent. Signature, typed or provide name of registered	ont for the purpose of changing its register spent and little if applicable (NOTE Register)	ed office of registe	.	th, in the State of Flori	ida. I am familiar with, and accept	
FILE NOWILL FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			
TO. BILE NAME STREET ADDRESS CITY-SI-ZIP BILE NAME STREET ADDRESS CITY-SI-ZIP DITE NAME STREET ADDRESS CITY-SI-ZIP BILE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS P JONES, CONNIE Y 5104 INDIAN BEND LANE FT PIERCE, FL 34951	AND DIRECTORS			U00000 08/03/07-6 NOT WI	30903-004 150.00 RITE	
STREET ADDRESS			1				

12. I hereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 IGNUM OFFICER OR GIRECTOR

8/1/2007

Daytena Phone #