

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# P05000022216

Entity Name: CONNIE Y JONES, PA

Current Principal Place of Business:

5104 INDIAN BEND LANE
FT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

5104 INDIAN BEND LANE
FT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 20-2327489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CONNIE Y
5104 INDIAN BEND LANE
FT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

STEDHAM, CONNIE Y
5104 INDIAN BEND LANE
FT PIERCE, FL 34951 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: CONNIE Y STEDHAM

10/28/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, CONNIE Y
Address: 5104 INDIAN BEND LANE
City-St-Zip: FT PIERCE, FL 34951 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEDHAM, CONNIE Y
Address: 5104 INDIAN BEND LANE
City-St-Zip: FT PIERCE, FL 34951 US

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: CONNIE Y STEDHAM

P

10/28/2008

Electronic Signature of Signing Officer or Director

Date