

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000063793

1. Entity Name

ERIC E. JONES, CRNA, P.A.



**FILED
May 31, 2006 8:00 am
Secretary of State**

05-31-2006 90009 046 ***158.75



1st MOORE CR2E034 (10/05)

Principal Place of Business 1435 NOTTINGHAM STREET ORLANDO FL 32803		Mailing Address 1435 NOTTINGHAM STREET ORLANDO FL 32803	
2. Principal Place of Business <i>1435 Nottingham St</i> Suite, Apt. #, etc.		3. Mailing Address <i>1435 Nottingham St</i> Suite, Apt. #, etc.	
City & State <i>Orlando FL</i>		City & State <i>Orlando FL</i>	
Zip <i>32803</i>	Country <i>United States</i>	Zip <i>32803</i>	Country <i>United States</i>
6. Name and Address of Current Registered Agent JONES, ERIC E 1435 NOTTINGHAM STREET ORLANDO FL 32803		4. FEI Number <i>20-2785445</i> Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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

Eric E. Jones

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

(NOTE: Registered Agent signature required when renominating)

DATE

5/25/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D President</i> JONES, ERIC E 1435 NOTTINGHAM STREET ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Deanne Fernandez-Jones 1435 Nottingham St Orlando FL 32803</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eric E. Jones*

5/25/06

407 721-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #