

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066869

Entity Name: RMA JONES, INC.

FILED  
Mar 21, 2006  
Secretary of State

## Current Principal Place of Business:

310 WOODROW ST  
FT WALTON BCH, FL 32548

## New Principal Place of Business:

310 WOODROW ST  
FT WALTON BCH, FL 32547

## Current Mailing Address:

310 WOODROW ST  
FT WALTON BCH, FL 32548

## New Mailing Address:

310 WOODROW ST  
FT WALTON BCH, FL 32547

FEI Number: 20-2851758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, RONALD R  
7921 PINE FOREST RD  
PENSACOLA, FL 32509 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JONES, MARK J  
Address: 216 TRISH DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: VD ( ) Delete  
Name: JONES, RONALD R  
Address: 7921 PINE FOREST RD  
City-St-Zip: PENSACOLA, FL 32509

Title: SD ( ) Delete  
Name: JONES, ANGELA M  
Address: 216 TRISH DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK J JONES

PD

03/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date