

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000078205

FILED
Jun 26, 2009
Secretary of State

Entity Name: JONES HOME IMPROVEMENT, INC.

Current Principal Place of Business:

3720 57 STREET EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

3720 57 STREET EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 51-0546037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, TIMOTHY L
3720 57 TH STREET EAST
PALMETTO, FL 34221 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, TIMOTHY L
Address: 3720 57 STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: JONES, SUSAN S
Address: 3720 57 STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: SEC () Change (X) Addition
Name: JONES, SUSAN S
Address: 3720 57 STREET EAST
City-St-Zip: PALMETTO, FL 34221

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: TIMOTHY L. JONES

PD

06/26/2009

Electronic Signature of Signing Officer or Director

Date