

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State

07-24-2006 90001 004 ***150.00
08-21-2006 90001 009 ***408.75

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DOCUMENT # P05000167430 1. Entity Name DONNA ROCHELLE JONES, INC.			
Principal Place of Business 103 SOUTH SAXON AVENUE BROOKSVILLE FL 34601		Mailing Address 103 SOUTH SAXON AVENUE BROOKSVILLE FL 34601	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1028 Suite, Apt. #, etc.	
City & State Zip Country		City & State Brooksville FL Zip Country 34605-1028 Maryland	
4. FEI Number 20-4013777		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent MASON, JOSEPH M JR, ESQ. 101 SOUTH MAIN STREET BROOKSVILLE FL 34601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, print or correct name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing)			
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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD JONES, DONNA ROCHELLE 7480 OAK TREE LANE WEEKI WACHEE FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Donna Rochelle Jones</u> Donna Rochelle Jones SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 352/7962415 Daytime Phone #	