


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000167430</b> 1. Entity Name <b>DONNA ROCHELLE JONES, INC.</b>	
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Principal Place of Business <b>103 SOUTH SAXON AVENUE BROOKSVILLE, FL 34601</b>	Mailing Address <b>PO BOX 1028 BROOKSVILLE, FL 34605</b>
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**DO NOT WRITE IN THIS SPACE**



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4013777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MASON, JOSEPH M JR, ESQ.  
101 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601**

**DO NOT WRITE  
IN THIS SPACE**

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 *Donna Rochelle Jones* DATE 5/1/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DONNA ROCHELLE 7480 OAK TREE LANE WEEKI WACHEE, FL 34607
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Donna Rochelle Jones* Date 5/1/07 Daytime Phone # 796 352-3415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR