2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: TOM JONES INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

151 COLLEGE DR STE N3
ORANGE PARK, FL 320657684 US

New Principal Place of Business:

Current Mailing Address:

151 COLLEGE DR STE N3
ORANGE PARK, FL 320657684 US

New Mailing Address:

FEI Number: 04-3843520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, THOMAS W
151 COLLEGE DR SUITE 3
ORANGE PARK, FL 32065 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: P/T
Name: JONES, THOMAS W JR
Address: 6189 ISLAND FOREST DR
City-St-Zip: ORANGE PARK,, FL 32003 US

Title: VP
Name: JONES, DEBORAH L
Address: 6189 ISLAND FOREST DR.
City-St-Zip: ORANGE PARK, FL 32003 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W. JONES, JR PRES 03/04/2012

Electronic Signature of Signing Officer or Director — Date