


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 027 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P06000023141 1. Entity Name SISSY ADAMS-JONES, P.A. | | | |  | |
| Principal Place of Business 550 WATER ST., SUITE 1020 JACKSONVILLE, FL 32202 | | | Mailing Address 550 WATER ST., SUITE 1020 JACKSONVILLE, FL 32202 | | |
| 2. Principal Place of Business - No P.O. Box # 220 E. Forsyth Street | | 3. Mailing Address 220 E. Forsyth Street | | | |
| Suite, Apt. #, etc. Suite E | | Suite, Apt. #, etc. Suite E | | | |
| City & State Jacksonville Florida | | City & State Jacksonville Florida | | | |
| Zip 32202 | | Country USA | | 4. FEI Number 20-4228533 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ADAMS-JONES, SISSY 550 WATER ST., SUITE 1020 JACKSONVILLE, FL 32202 | | | 7. Name and Address of New Registered Agent Name Gissy Adams-Jones Street Address (P.O. Box Number is Not Acceptable) 220 E. Forsyth Street Suite E City Jacksonville FL Zip Code 32202 | | |
| 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 <u><i>Sissy Adams-Jones</i></u> DATE <u>APRIL 23, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS-JONES, SISSY 550 WATER ST., SUITE 1020 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sissy Adams-Jones 220 E. Forsyth St. Ste. E Jacksonville FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u><i>Sissy Adams-Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE: <u>APRIL 23, 2007</u> (904) 633-9449 | | |