

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 011 ***158.75

DOCUMENT # P06000064449					
1. Entity Name JONES & AUGHTMAN, INC. <i>Jones & Stapleton Inc</i>					
Principal Place of Business 1075 WOODLORE CIR GULF BREEZE, FL 32563			Mailing Address 1075 WOODLORE CIR GULF BREEZE, FL 32563		
2. Principal Place of Business - No P.O. Box # <i>3105 Woodway</i>		3. Mailing Address <i>3105 Woodway</i>			
Suite, Apt. #, etc. <i>4</i>		Suite, Apt. #, etc. <i>4</i>			
City & State <i>Gulf Breeze FL</i>		City & State <i>Gulf Breeze FL</i>		4. FEI Number <i>20-4952058</i>	
Zip <i>32563</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32563</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, JOSH 1075 WOODLORE CIR GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name <i>Josh Jones</i> Street Address (P.O. Box Number is Not Acceptable) <i>3105 Woodway</i> <i>Unit 4</i> City <i>Gulf Breeze</i> FL <i>32563</i>		
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 <i>[Signature]</i> 4-11-07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PS JONES, JOSH 1075 WOODLORE CIR GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT AUGHTMAN, ZACKARY 1075 WOODLORE CIR GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <i>3105 Woodway</i> <i>Gulf Breeze, FL 32563</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Brian Stapleton 1506 College Pkwy. Gulf Breeze, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-11-07</i> <small>Daytime Phone #</small>		