

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 023 \*\*\*150.00

**DOCUMENT # P06000086167**

1. Entity Name  
**LAW OFFICES OF ROMAN JONES, P.A.**



Principal Place of Business  
**209 FERN WAY  
MIAMI SPRINGS, FL 33166**

Mailing Address  
**209 FERN WAY  
MIAMI SPRINGS, FL 33166**

**66015365**

2. Principal Place of Business - No P.O. Box #  
**850 NW Federal Hwy**

3. Mailing Address  
**850 NW Federal Hwy**

Suite, Apt. #, etc.  
**Suite # 153**

Suite, Apt. #, etc.  
**Suite # 153**

City & State  
**Stuart, FL**

City & State  
**Stuart, FL**

Zip  
**34994**

Zip  
**34994**

05142007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5140500**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, ELIZABETH R  
209 FERN WAY  
MIAMI SPRINGS, FL 33166**

7. Name and Address of New Registered Agent

Name **Elizabeth R. Jones**  
Street Address (P.O. Box Number is Not Acceptable)  
**850 NW Federal Hwy**  
**Suite # 153**  
City **Stuart** FL Zip Code **34994**

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

*[Signature]*

**President**

**May/14/07**

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D  
JONES, ELIZABETH R  
209 FERN WAY  
MIAMI SPRINGS, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D  
Elizabeth R. Jones  
850 NW Federal Hwy, Suite 153  
Stuart FL 34994** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 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:

*[Signature]* **President**

**5/14/07 (772)403-5868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #