

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086167

FILED
Apr 28, 2008
Secretary of State

Entity Name: LAW OFFICES OF ROMAN JONES, P.A.

Current Principal Place of Business:

850 N FEDERAL HWY
SUITE #153
STUART, FL 34994

New Principal Place of Business:

850 NW FEDERAL HWY
STUART, FL 34994

Current Mailing Address:

850 N FEDERAL HWY
SUITE #153
STUART, FL 34994

New Mailing Address:

850 NW FEDERAL HWY
STUART, FL 34994

FEI Number: 20-5140500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ELIZABETH R
850 N FEDERAL HWY
SUITE #153
STUART, FL 34994 US

Name and Address of New Registered Agent:

JONES, ELIZABETH R
850 NW FEDERAL HWY
STUART, FL 34994 US

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: ELIZABETH ROMAN JONES

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: JONES, ELIZABETH R
Address: 850 N FEDERAL HWY SUITE 153
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: JONES, ELIZABETH R
Address: 850 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH ROMAN JONES

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date