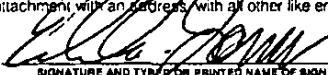


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-23-2007 90057 036 ***150.00

DOCUMENT # P06000105538 1. Entity Name EDWARD JONES HOME AND OFFICE IMPROVEMENT AND REPAIR, INC.					
Principal Place of Business 2055 S. FLORAL AVE. #99 BARTOW, FL 33830 US			Mailing Address 2055 S. FLORAL AVE. #99 BARTOW, FL 33830 US		
2. Principal Place of Business - No P.O. Box # 2055 S. FLORAL AVE.		3. Mailing Address 2055 S. FLORAL AVE.			
Suite, Apt. #, etc. 99		Suite, Apt. #, etc. 99			
City & State Bartow FL		City & State Bartow FL		4. FEI Number 20-5368002	
Zip 33830		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, EDWARD 2055 S. FLORAL AVE. #99 BARTOW, FL 33830				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P D JONES, EDWARD 2055 S. FLORAL AVE., #99 BARTOW, FL 33830	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JONES, HOPE 2055 S. FLORAL AVE., #99 BARTOW, FL 33830	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 			Date: 4/12/07		

*Payable to Florida Dept of State
IN memo P06000105538*