

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105538

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** EDWARD JONES HOME AND OFFICE IMPROVEMENT AND REPAIR, INC.

**Current Principal Place of Business:**

2055 S. FLORAL AVE.  
#99  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

2055 S. FLORAL AVE.  
#99  
BARTOW, FL 33830 US

**New Mailing Address:**

**FEI Number:** 20-5368002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, EDWARD  
2055 S. FLORAL AVE.  
#99  
BARTOW, FL 33830 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: JONES, EDWARD  
Address: 2055 S. FLORAL AVE., #99  
City-St-Zip: BARTOW, FL 33830 US

Title: VST  
Name: JONES, HOPE  
Address: 2055 S. FLORAL AVE., #99  
City-St-Zip: BARTOW, FL 33830 US

I hereby 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 all other like empowered.

SIGNATURE: EDWARD JONES

PD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date