

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

07-18-2007 90047 039 ***150.00

DOCUMENT # P06000109570 1. Entity Name RODNEY M JONES, PA					
Principal Place of Business 8728 BEE TREE CIRCLE CHARLOTTE, NC 28270			Mailing Address 8728 BEE TREE CIRCLE CHARLOTTE, NC 28270		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JONES, RODNEY M 235 W BRANDON BLVD., SUITE 629 BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 20-5444926		
SIGNATURE: <u><i>Rodney Jones</i></u> Signature, typed or printed name of registered agent and title if applicable.			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required DATE: <u>7-13-07</u>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, RODNEY M 8728 BEE TREE CIRCLE CHARLOTTE, NC 28270		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u><i>Rodney Jones</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-13-07 704-202-7460 Date Daytime Phone #		

66021329



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