2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004503

Entity Name: BUNKER JONES SERVICES INC

9200 NW 36 TH PLACE #A

GAINESVILLE, FL 32606 US

Address: City-St-Zip: FILED Jan 26, 2009 Secretary of State

	MOI BONNE	COONEO CERCIOLO IIVO			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	113 TH LANE N, FL 32621	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX BRONSOI	1614 N, FL 32621	US			
FEI Number	: 26-1272028	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	lame and Address of New Registered Agent:	
#A GAINESVI The above in the State	e of Florida.	6 US	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI		nic Signature of Registered Age	<u> </u>	 Date	
Election Car		ng Trust Fund Contribution ().	711 .	Buto	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,D (JONES, CLAU P.O.BOX 1614 BRONSON, FL	ļ	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP, (BUNKER, LAU 4363 SNOWSI MONROE, GA	MILL ROAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D (DEEGAN, TIM) Delete	Title: (Name:) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TIM DEEGAN D 01/26/2009