

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000046915

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** JONES AND SAVELL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3730 7TH TERRACE, STE 101  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

3730 7TH TERRACE, STE 101  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 26-2566466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ROBERT K  
2113 2ND AVENUE SE  
VERO BEACH, FL 32962 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SAVELL, JACQUELINE K  
**Address:** 975 26TH STREET  
**City-St-Zip:** VERO BEACH, FL 32960 US

**Title:** VP  
**Name:** JONES, ROBERT K  
**Address:** 2113 2ND AVENUE SE  
**City-St-Zip:** VERO BEACH, FL 32962 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:** ROBERT K. JONES

VP

03/31/2010

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

\_\_\_\_\_  
Date