

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026037

Entity Name: CRU JONES INC.

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

117 S. SUMMERLIN AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

570 CRANES WAY  
142  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

PO BOX 3281  
ORLANDO, FL 32802

FEI Number: 27-3088867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLICKEN, SAMUEL D  
117 SOUTH SUMMERLIN AVE.  
ORLANDO, FL 32801 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  
Name: GLICKEN, SAMUEL D  
Address: 117 SOUTH SUMMERLIN AVE.  
City-St-Zip: ORLANDO, FL 32801

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: SAMUEL D GLICKEN

P

03/01/2012

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

\_\_\_\_\_  
Date