## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P14099**

1. Entity Name

JONÉS TRACTOR AND EQUIPMENT COMPANY, INC.



**FILED** Feb 20, 2004 08:00 AM Secretary of State

Principal Place of Business U.S. 19 SOUTH THOMASVILLE, GA 31792 Mailing Address P.O. BOX 7690 THOMASVILLE, GA 31758

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02172004 No Chg-P CR2E034 (10/03)

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Applied For Not Applicable

5. Certificate of Status Desired 

\$8.75 Additional

58-1198697

4. FEI Number

Fee Required

6. Name and Address of Current Registered Agent

	i. EARL :NVILLE RD. SSEE, FL 32309	-			NOT WRITE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. The above the obligat	e named entity submits this statement for the putions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am f	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered			d Agent signature	gent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000060111 02/23/04-80026-	
10.	OFFICERS AND DIREC	TORS		the first section as the first higher in fi	The state of the state of the state of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, THOMAS S JR 1127 BOLD SPRINGS ROAD CAIRO, GA 39828			SE ( 2 m sewell of the Extendition of the Section o	Application of the Control of the Co	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JONES, KIM B 10050 U.S. 19 SOUTH THOMASVILLE, GA 31757			20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		A CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JONES, EDWIN E 7027 GRENVILLE RD. TALLAHASSEE, FL 32309			TO THE STATE OF TH	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			27 - American St. 1987 2	11 he ann ant Stiedblat falle f	THIS SPACE	1486
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TITLE NAME STREET ADDRESS CHY-ST-7/P				The second secon	Application of the second of t	The second secon

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: 1

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SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18 2004 229 226 4881

Davtime Phone #