


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

8/ **FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**  
 08-03-2006 90003 023 \*\*\*150.00

**DOCUMENT # P92000005602**

1. Entity Name  
**LEVY-JONES, INC.**



Principal Place of Business  
**17051 NE SR 121 S  
 WILLISTON, FL 32696**

Mailing Address  
**PO BOX 101  
 WILLISTON, FL 32696 US**

**DO NOT WRITE IN THIS SPACE**



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3154339**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, JERRY W  
 17051 NW STATE ROAD 121  
 WILLISTON, FL 32696**

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE Jerry W. Jones (NOTE: Registered Agent signature required when reappointing) DATE 7/28/06

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, JERRY W P.O. BOX 101 WILLISTON, FL 32696
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jerry W. Jones + 8/9/06  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Jerry W. Jones, Pres*