


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000013753 1. Entity Name RONALD EUGENE JONES, P.A.	
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Principal Place of Business 948 TARRSON BLVD. LADY LAKE FL 32159	Mailing Address 948 TARRSON BLVD. LADY LAKE FL 32159
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3158627	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, RONALD E 948 TARRSON BLVD. LADY LAKE FL 32159	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: D NAME: JONES, RONALD E STREET ADDRESS: 948 TARRSON BLVD. CITY - ST - ZIP: LADY LAKE FL 32159	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: Ronald Eugene Jones **RONALD JONES** 1-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR