

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 030 ***150.00

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1. Entity Name
JONES POTATO FARM, INC.



Principal Place of Business
**7623 ALISTER MACKENZIE DR.
SARASOTA, FL 34240**

Mailing Address
**P.O. BOX 170
ELKTON, FL 32033**

00036347



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, ALAN E
7623 ALISTER MACKENZIE DR.
SARASOTA, FL 34240**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **JONES, DAVID E**
STREET ADDRESS **71 GENE JOHNSON RD.**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32080**

TITLE **PD**
NAME **JONES, ALAN E.**
STREET ADDRESS **7623 ALISTER MACKENZIE DR.**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **STD**
NAME **JONES, JEAN B.**
STREET ADDRESS **71 GENE JOHNSON ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32080**

TITLE **V**
NAME **JONES, RICHARD H.**
STREET ADDRESS **3061 MAC ROAD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Jean B. Jones **Jean B. Jones, Sec.**

4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #