

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014853

Entity Name: JONES POTATO FARM, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

7623 ALISTER MACKENZIE DR.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 170
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-3156709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JONES, DAVID E
Address: 71 GENE JOHNSON RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD () Delete
Name: JONES, ALAN E.,
Address: 7623 ALISTER MACKENZIE DR.
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: JONES, JEAN B.,
Address: 71 GENE JOHNSON ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V () Delete
Name: JONES, RICHARD H.,
Address: 3061 MAC ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: JONES, LESLIE A
Address: 7623 ALISTER MACKENZIE DRIVE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN E. JONES

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date