2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000058157

1. Entity Name
C. G. JONES & SONS, INC.

Principal Place of Business	Mailing Address
4703 SAN RAFAEL STREET TAMPA, FL 33629	4703 SAN RAFAEL STREET TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3198748	Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CARL G
4703 SAN RAFAEL STREET
TAMPA, FL 33629

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

**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

U000000588796
01/17/07-80084-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, CARL G
STREET ADDRESS	4703 SAN RAFAEL STREET
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ Jan 12, 2007 813-251-8678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #