

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000066449

1. Entity Name
FRANK JONES PAINTERS, INC.



Principal Place of Business
3698 GLENWOOD OAKS LANE
YULEE, FL 32097 US

Mailing Address
3698 GLENWOOD OAKS LANE
YULEE, FL 32097 US



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3203513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD
SUITE 203
JACKSONVILLE, FL 32256

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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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME JONES, BENJAMIN F JR
STREET ADDRESS 3698 GLENWOOD OAKS LN
CITY-ST-ZIP YULEE, FL

TITLE VP
NAME JONES, MONTY S
STREET ADDRESS 3698 GLENWOOD OAKS LN
CITY-ST-ZIP YULEE, FL

TITLE P
NAME JONES, FRANK S
STREET ADDRESS 3698 GLENWOOD OAKS LN
CITY-ST-ZIP YULEE, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/05/04-80043-022 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #