

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90060 015 ***150.00

DOCUMENT # P94000023428 1. Entity Name JONES ROAD CORPORATION	
--	---

Principal Place of Business
257 ~~239-4~~ JONES ROAD
JACKSONVILLE, FL 32220

Mailing Address
257 ~~239-4~~ JONES ROAD
JACKSONVILLE, FL 32220



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402481	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

BEARDSLEY, DALE A **JOHN H. McCorvey Jr.**
225 WATER ST **1912 Hamilton Street**
SUITE 1400 **Suite 204**
JACKSONVILLE, FL 32202-5147 **Jay Fl 32210**

**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: **John H. McCorvey, Jr.**

7/15/08

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. KITRELL, JIM 215 JONES RD 257 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIFFIN, GALYNNA 239-4 JONES ROAD 257 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: **Jim B. Kittrell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08 **904 786 9120**
Date Daytime Phone #