

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90060 013 ***150.00

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1. Entity Name

DOUG JONES, P.A.



Principal Place of Business

2833 EXCHANGE CT
STE AB
WESTPALM BEACH FL 33409
US

Mailing Address

2833 EXCHANGE CT
STE AB
WESTPALM BEACH FL 33409
US

2. Principal Place of Business - No P.O. Box #

3976 N. OCEAN DR.
Suite, Apt. #, etc.
OV#3

3. Mailing Address

3976 N. OCEAN DR.
Suite, Apt. #, etc.
OV#3

1st MOORE

CR2E034 (10/07)



City & State

SINGER ISLAND, FL

City & State

SINGER ISLAND, FL

4. FEI Number

65-0548884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, D R
2833 EXCHANGE CT
STE AB
WESTPALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

JONES, D.R.

Street Address (P.O. Box Number is Not Acceptable)

3976 N. OCEAN DR. - OV#3

City

SINGER ISLAND

FL

Zip Code

33404

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

D.R. Jones

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JONES, D R
STREET ADDRESS 2833 EXCHANGE CT STE AB
CITY-ST-ZIP WESTPALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JONES, D.R. ☒ Change ☐ Addition
NAME
STREET ADDRESS 3976 N. OCEAN DR.
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

D.R. Jones - D.R. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Day

561-881-5570

Day:mo Phone #