

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90032 008 ***150.00

DOCUMENT # P94000088407 1. Entity Name TROY JONES, INC.																																																																																																																													
Principal Place of Business 5800 STALEY RD FT MYERS FL 33905				Mailing Address 5800 STALEY RD FT MYERS FL 33905																																																																																																																									
2. Principal Place of Business - No P.O. Box # FT. MYERS FL.		3. Mailing Address 5800 STALEY RD FL.																																																																																																																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																											
City & State FT. MYERS FL		City & State FL.		4. FEI Number 65-0537254																																																																																																																									
Zip 33905		Country Lee		Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																											
6. Name and Address of Current Registered Agent JONES, TROY 5800 STALEY ROAD FT MYERS FL 33905				7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																									
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 <u>Troy Jones Pres.</u> DATE _____ Signature, typed or printed name of registered agent, and title, if applicable. NOTE: Registered Agent signature required when changing agent.																																																																																																																													
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																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>JONES, ELIZABETH</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5800 STALEY ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS FL 33905</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	JONES, ELIZABETH		NAME			STREET ADDRESS	5800 STALEY ROAD		STREET ADDRESS			CITY - ST - ZIP	FORT MYERS FL 33905		CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <u>Troy Jones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													