2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000072170

RICHARD C. JONES REALTY, INC.

1. Entity Name

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90449 001 ***150.00

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| 2216 E. OLIV SUITE 200 | 216 E. OLIVE RD. 217 E. OLIVE RD. 228 E. OLIVE RD. 229 SUITE 200 ENSACOLA, FL 32514 220 PENSACOLA, FL 32514 | | | | 40091096 | | | | | | |
|--|--|---|--|--------------------------------------|--|---------------------|--------------------------------|------------------------|---------------|-----------------|---|
| 2. Principal Place of Business - No P.O. Box # 9345 Chisholm Rd K-3 Suite, Apt. #, etc. | | | 3. Mailing Address P.O. Box 7256 Suite, Apt. #, etc. | | | 0 | O4262007 Chg-P CR2E034 (12/06) | | | | |
| City & State Pensa Zip | cola, F | L 32514 ountry | City & State Pensacola, Zip | FL 3 Country | 2514 | 4 | FEI Numbe 59-339 | | ×d □ | <u> </u> | oplied For ot Applicable ditional |
| | 6. Name and | Address of Current R | egistered Agent | <u>-</u> | | | | Address of Ne | | Fee Require | d |
| | - | | | | Name | | 1101110 0110 | | History | rgein | |
| JONES, RICHARD C 2216 E. OLIVE RD. SUITE 200 | | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PENSACOLA, FL 32514 | | | | - | City | | | | Fl | Zip Code | e |
| the obligation of the obligati | ons of registered Signature, typed or print E NOWIII FEI | agent. Red name of registered agent an | 9. Election Campaig | Registered A | gent signah | ure required wher | n reinstating) May Be | with state c | DATE | Tigrimos Witti, | |
| 10. | iy 1, 2007 Fe | OFFICERS AND D | Y | I 11. | | | | CHANGES TO | OFFICERS AN | D DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | CP JONES, RICH 2216 E OLIVE PENSACOLA, | ARD C RD, 200 | ☐ Delete | TITLE NAME | ADDRESS - ZIP | CP Jones 9345 | s, Ric Chisl | chard Chard Charles Ro | С. 1., к-3 | Change | Addition |
| TITLE NAME Street adoress City-St-Zip | | | □ Delete | TITLE NAME STREET / CITY-ST | ADORESS - ZIP | | | | | Change | ☐ Addition |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delate | TITLE NAME STREET / CITY-ST | NOORESS - ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | ☐ Delete | TITLE NAME STREET / CITY-ST | NDDRESS - ZIP | | | | | Change | Addition |

12. I hereby certify that the information supplied with this filing does not gradify 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 accurate 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 ther like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

mr

NAME

MANE STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RICHAD C TONES SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER, OR DIRECTOR

Delete

Delete

PK 24, 2007

Change

☐ Change

☐ Addition

■ Addition