


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2007 90449 001 \*\*\*150.00

**DOCUMENT # P96000072170**

1. Entity Name  
 RICHARD C. JONES REALTY, INC.



Principal Place of Business      Mailing Address  
 2216 E. OLIVE RD.      2216 E. OLIVE RD.  
 SUITE 200      SUITE 200  
 PENSACOLA, FL 32514      PENSACOLA, FL 32514

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 9345 Chisholm Rd. K-3      P.O. Box 7256  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Pensacola, FL 32514      Pensacola, FL 32514


Zip      Country      Zip      Country

4. FEI Number      Applied For  
 59-3397479      Not Applicable

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

6. Name and Address of Current Registered Agent  
 JONES, RICHARD C  
 2216 E. OLIVE RD.  
 SUITE 200  
 PENSACOLA, FL 32514

40091096



04262007      Chg-P      CR2E034 (12/06)

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JONES, RICHARD C 2216 E OLIVE RD, 200 PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Jones, Richard C. 9345 Chisholm Rd., K-3 Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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:** RICHARD C JONES      Date: APR 26, 2007      Daytime Phone #: 850 476-9300