


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
 2216 E. OLIVE RD.
 SUITE 200
 PENSACOLA, FL 32514

Mailing Address
 2216 E. OLIVE RD.
 SUITE 200
 PENSACOLA, FL 32514

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.

City & State
 Pensacola, FL 32514

City & State
 Pensacola, FL 32514

Zip Country Zip Country

40091096



04262007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3397479

Applied For
 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

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* APR 26, 2007 850 476-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #