

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 007 ***150.00

DOCUMENT # P96000087484

1. Entity Name

R.K. JONES ASSOCIATES, INC.



Principal Place of Business

1117 SE WESTMINSTER PL
STUART FL 34997
US

Mailing Address

1117 SE WESTMINSTER PL
STUART FL 34997
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0705959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, R K
1587 SE POMEROY STREET
STUART FL 34997

7. Name and Address of New Registered Agent

Name

JONES, R K

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

1117 SE WESTMINSTER PL

City

STUART

FL

Zip Code

34997

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 NAME P JONES, R.K. ☐ Delete
STREET ADDRESS 1117 SE WESTMINSTER PL
CITY - ST - ZIP STUART FL 34997

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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:

[Signature] R.K. JONES

2-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

777 777 7777