

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000040964

Entity Name: LINDA JONES, P.A.

**FILED**  
**Aug 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20353 SE 55 STREET  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

20353 SE 55 STREET  
MORRISTON, FL 32668

**New Mailing Address:**

FEI Number: 59-3454068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, LINDA J  
20353 SE 55 ST  
MORRISTON, FL 326684609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: JONES, LINDA J  
Address: 20353 SE 55 STREET  
City-St-Zip: MORRISTON, FL 32668

Title: VT  
Name: JONES, WILLIAM R  
Address: 20353 SE 55 STREET  
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R JONES

VP

08/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date