

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000057740

Entity Name: JIMMY G. JONES, INC.

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4406 FLEXER DR.  
HERNANDO BEACH, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 837  
ARIPEKA, FL 34679

**New Mailing Address:**

FEI Number: 59-3460068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, JIMMY G  
4406 FLEXER DR.  
HERNANDO BEACH, FL 34607 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: P  
Name: JONES, JIMMY G  
Address: 4406 FLEXER DR.  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: VP  
Name: JONES, ELLEN D  
Address: 4406 FLEXER DR.  
City-St-Zip: HERNANDO BEACH, FL 34607

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: JIMMY G. JONES

PRES

04/08/2012

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

\_\_\_\_\_  
Date