

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90185 039 \*\*\*150.00

DOCUMENT # P97000068783

1. Entity Name  
LES JONES ENTERPRISES, INC.



Principal Place of Business  
13811 US HIGHWAY 98 BYPASS  
DADE CITY, FL 33525

Mailing Address  
P. O. BOX 246  
HAINES CITY, FL 33845 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292006

Chg-P

CR2E034 (11/05)

4. FEI Number  
59-3464501

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, LES  
36248 US HWY 27  
HAINES CITY, FL 33844

Name

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

707 S. DIXIE DR

City

HAINES CITY

FL

Zip Code

33844

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 D ☐ Delete  
NAME JONES, LES  
STREET ADDRESS 36248 HWY 27  
CITY- ST- ZIP HAINES CITY, FL 33844

TITLE D ☒ Change ☐ Addition  
NAME JONES, LES  
STREET ADDRESS 207 S. DIXIE DR  
CITY- ST- ZIP HAINES CITY WINTER HAVEN FL

TITLE D ☐ Delete  
NAME JONES, JEAN  
STREET ADDRESS 36248 HWY 27  
CITY- ST- ZIP HAINES CITY, FL 33844

TITLE D ☒ Change ☐ Addition  
NAME JONES, JEAN  
STREET ADDRESS 15 CRYSTAL WATERS DR,  
CITY- ST- ZIP WINTER HAVEN, FL 33880

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES JONES PRESIDENT

Date

4/29/06

Daytime Phone #

863-422-3848