

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90012 047 \*\*\*150.00

DOCUMENT # P97000078405

1. Entity Name  
STEVE JONES PAINTING, INC.



Principal Place of Business  
1063 E. 14 ST.  
STUART, FL 34996

Mailing Address  
872 NW SUNSET DR.  
STUART, FL 34994

2. Principal Place of Business - No P.O. Box #  
872 NW SUNSET DR.

3. Mailing Address  
872 NW SUNSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
STUART FL.

City & State  
STUART, FL.

01102008 Chg-P CR2E034 (12/06)

Zip  
34994

Country  
MARTIN

Zip  
34994

Country  
MARTIN

4. FEI Number  
65-0782018

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, STEVE  
1063 E. 14 ST.  
STUART, FL 34996

Name

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

872 NW SUNSET DR.

City

STUART

FL

Zip Code

34994

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 STEPHEN JONES (OWNER) 1/23/08  
Signature of typist or printer of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 P ☐ Delete  
NAME JONES, STEPHEN  
STREET ADDRESS 1063 E. 14 ST.  
CITY-ST-ZIP STUART, FL 34996

TITLE P. ☒ Change ☐ Addition  
NAME JONES, STEPHEN  
STREET ADDRESS 872 NW SUNSET DR.  
CITY-ST-ZIP STUART, FLORIDA 34994

TITLE S ☐ Delete  
NAME ROMAN, INOCENTE M  
STREET ADDRESS 14914 S.W. CHEROKEE DR  
CITY-ST-ZIP INDIANTOWN, FL 34956

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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: STEPHEN JONES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 772-284-0439  
Date Daytime Phone #