

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068512

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** JOHN D. JONES A/C HEATING & REFRIGERATION, INC.

**Current Principal Place of Business:**

365 CABLE ROAD  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 497  
HAVANA, FL 32333

**New Mailing Address:**

**FEI Number:** 59-3527500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, JOHN D  
365 CABLE ROAD  
HAVANA, FL 32333 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, JOHN D  
Address: 365 CABLE ROAD  
City-St-Zip: HAVANA, FL 32333

Title: ST  
Name: JONES, MYCHELLE  
Address: 365 CABLE RD  
City-St-Zip: HAVANA, FL 32333

Title: V  
Name: JONES, RAY G  
Address: 365 CABLE ROAD  
City-St-Zip: HAVANA, FL 32333

Title: V  
Name: JONES, JOHN E  
Address: 325 CABLE ROAD  
City-St-Zip: HAVANA, FL 32333

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: JOHN D JONES

PRES

04/20/2011

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

\_\_\_\_\_  
Date