



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000077857</b> 1. Entity Name <b>A. E. JONES CONTRACTORS INC.</b>			
Principal Place of Business <b>705 SPARROW AVE. PALM HARBOR, FL 34683</b>		Mailing Address <b>705 SPARROW AVE. PALM HARBOR, FL 34683</b>	
<p><b>DO NOT WRITE IN THIS SPACE</b></p>		 04272004    No Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>JONES, ALBERT E 705 SPARROW AVE. PALM HARBOR, FL 34683</b>		4. FEI Number <b>59-3533559</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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.		<p><b>DO NOT WRITE IN THIS SPACE</b></p>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		U000000143405 04/30/04-80091-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <b>JONES, ALBERT E 705 SPARROW AVE PALM HARBOR, FL 34683</b>	<p><b>DO NOT WRITE IN THIS SPACE</b></p>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <u>Albert E Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APRIL 26-2004 GR-789-4492 <small>Date Daytime Phone #</small>	