

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000097560**  
 1. Entity Name  
**ROBERT L. JONES, INC.**



Principal Place of Business      Mailing Address  
**551 SO. DUNCAN AVE.**      **551 SO. DUNCAN AVE.**  
**CLEARWATER, FL 33756**      **CLEARWATER, FL 33756**

**DO NOT WRITE IN THIS SPACE**



01042007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3552132**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JONES, ROBERT L**  
**551 SO. DUNCAN AVE.**  
**CLEARWATER, FL 33756**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JONES, ROBERT L
STREET ADDRESS	551 SO. DUNCAN AVE.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	JONES, BRIAN L
STREET ADDRESS	551 S. DUNCAN AVE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	GOGOLA, MICHAEL J
STREET ADDRESS	551 S. DUNCAN AVE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Robert L. Jones*      **1/10/06 (727) 442-9269**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #