


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90283 001 ***150.00

60027800



DOCUMENT # P99000003853			
1. Entity Name LONG JONES & ASSOCIATES, INC.			
Principal Place of Business 1915 WELBY WAY A2 TALLAHASSEE, FL 32308		Mailing Address 1915 WELBY WAY A2 TALLAHASSEE, FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1915 Welby Way, #3		Suite, Apt. #, etc. 1915 Welby Way, #3	
City & State		City & State	
Zip	Country	Zip	Country

02062006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3551709

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 W 1915 WELBY WAY TALLAHASSEE, FL 32308		Name Same	
		Street Address (P.O. Box Number is Not Acceptable) 1915 Welby Way, #3	
		City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, STEVE W 1915 WELBY WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MELISSA L 1915 WELBY WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Steve W. Jones, Pres.** **4-12-06 850-877-9122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #