

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90014 045 \*\*\*150.00

DOCUMENT # P99000024222

1. Entity Name  
JONES ENTERPRISES, INC.



Principal Place of Business  
8345 PARK BYRD RD  
LAKELAND, FL 33810

Mailing Address  
8345 PARK BYRD RD  
LAKELAND, FL 33810



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3562213

Applied For  
Not Applicable

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

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

~~ARTMAN, STEPHEN H~~  
~~926 S FLORIDA AVE~~  
~~LAKELAND, FL 33809~~  
**JONES, KENNETH D**  
**8345 PARK BYRD RD**  
**LAKELAND, FL 33810**

**DO NOT WRITE  
IN THIS SPACE**

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 Kenneth D. Jones

4-22-08

Signature, typed or printed name of registered agent and title if applicable

(If Officer/Registered Agent signature is current when reappointing)

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**

TITLE	PT
NAME	JONES, KENNETH D
STREET ADDRESS	8345 PARK BYRD RD
CITY - ST - ZIP	LAKELAND, FL 33810
TITLE	VPS
NAME	JONES, DIANA L
STREET ADDRESS	8345 PARK BYRD RD.
CITY - ST - ZIP	LAKELAND, FL 33810
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Kenneth D. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

Date

(863) 858-1163

Secretary of State