2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000032577

1. Entity Name

E. JONES & ASSOCIATES, INC.



Principal Place of Business

121 SALEM STREET ALTAMONTE SPRINGS, FL 32701 Mailing Address

121 SALEM STREET ALTAMONTE SPRINGS, FL 32701

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90412 011 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3566517 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ELMORE

121 SALEM STREET ALTAMONTE SPRINGS, FL 32701				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.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JONES, ELMORE 121 SALEM STREET				internal in the second of the	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JONES, ELMORE 121 SALEM STREET ALTAMONTE SPRINGS, FL 32701					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
TITLE			•			

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR