2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jun 27, 2005 08:00 AM DOCUMENT # S80665 Secretary of State KEN JONES REALTY CO. Principal Place of Business Mailing Address 13213 TIFTON DR. P.O. BOX 271102 TAMPA, FL 33618 TAMPA, FL 33688-1102 US No Chg-P 06202005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3082563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, KENNETH A DO NOT WRITE 13213 TIFTON DRIVE TAMPA, FL 33618 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tito if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 7, 2005 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE KENNETH, JONES A NAME 13213 TIFTON DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE JONES, SANDRA N NAME 13213 TIFTON DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 at truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE NAME STREET ADDRESS CITY~ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF GRING OFFICER OR DIRECTOR