

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35770

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: JONES-GROFF INDUSTRIES, INC.

**Current Principal Place of Business:**

6852 PHILLIPS PARKWAY DRIVE S.  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

6852 PHILLIPS PKWY DR S  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 59-3183466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, PETER A.  
6852 PHILLIPS PARKWAY DRIVE SOUTH  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, PETER A.,  
Address: 6852 PHILLIPS PKWY DR S.  
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete  
Name: JONES, PETER A  
Address: 6852 PHILLIPS PARKWAY DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: TIFFIN, DONALD  
Address: 2441 AMBROSIA DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S ( ) Delete  
Name: JONES, PETER A  
Address: 6852 PHILLIPS PKWY DR S  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. JONES

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date