


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90011 049 \*\*\*150.00

**DOCUMENT # V69432**

1. Entity Name  
**RHON ERNEST-JONES CONSULTING ENGINEERS, INCORPORATED**




Principal Place of Business      Mailing Address  
**12500 WEST ATLANTIC BLVD**      **12500 WEST ATLANTIC BLVD**  
**CORAL SPRINGS, FL 33071 US**      **CORAL SPRINGS, FL 33071 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

40077100



04142008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0362509**      Not Applicable

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

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

**ERNEST-JONES, S. RHON**  
**10885 NW 6 STREET**  
**CORAL SPRINGS, FL 33071**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	ERNEST-JONES, S. RHON	
STREET ADDRESS	10885 NW 6TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ERNEST-JONES, ELLEN G	
STREET ADDRESS	10885 NW 6TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS F. DONAHUE	
STREET ADDRESS	1637 E. CLASSICAL BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURT H. KETTLEHUT	
STREET ADDRESS	227 GOOLSBY BLVD	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. GRAHAM ERNEST-JONES	
STREET ADDRESS	2644 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN STREET	
STREET ADDRESS	1920 OAKMONT TERR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANE BONCE	
STREET ADDRESS	11301 NW 498 DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC GRANGER	
STREET ADDRESS	6030 SW 21 ST.	
CITY-ST-ZIP	PLANTATION, FL 33317	

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: S.P. Ernest Jones      Date: 4/18/08      Davline Phone #: 954-741-1855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69432

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: RHON ERNEST-JONES CONSULTING ENGINEERS, INCORPORATED

40077126

**Current Principal Place of Business:**

**New Principal Place of Business:**

12500 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

**New Mailing Address:**

12500 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0362509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

ERNEST-JONES, S. RHON  
10885 NW 6 STREET  
CORAL SPRINGS, FL 33071 US

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:**

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

Title: PD ( ) Delete  
Name: ERNEST-JONES, S. RHON  
Address: 10885 NW 6TH ST  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

Title: VSTD ( ) Delete  
Name: ERNEST-JONES, ELLEN G  
Address: 10885 NW 6TH ST  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

Title: V (X) Delete  
Name: ERNEST-JONES, EDWARD G  
Address: 2644 SW GREENWICH WAY  
City-St-Zip: PALM CITY, FL 34990 US

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

Title: AV (X) Delete  
Name: KETTELHUT, KURT H  
Address: 227 GOOLSBY BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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

Title: V (X) Delete  
Name: DONAHUE, THOMAS F  
Address: 1637 E. CLASSICAL BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

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 Chapter 119, 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: ELLEN G. ERNEST-JONES

VSTD

03/08/2007

Electronic Signature of Signing Officer or Director

Date