

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104884

Entity Name: JONES TAX OFFICES, INC.**Current Principal Place of Business:**2039-1 SOUTEL DR.
JACKSONVILLE, FL 32208**Current Mailing Address:**P.O. BOX 92604
LAFAYETTE, LA 70501 US**FEI Number:** 30-0264263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, GERALD P
1590 ACANTHUS MANOR
MIDDLEBURG, FL 32068 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**Officer/Director Detail :**

Title	VP
Name	SMITH, LINDA JONES
Address	2826 LOUISIANA AVE. UNIT #1103
City-State-Zip:	LAFAYETTE LA 70507

Title	P
Name	JONES, GERALD P
Address	1590 ACANTHUS MANOR
City-State-Zip:	MIDDLEBURG FL 32068

Title	S
Name	JONES, GENEVIEVE
Address	17700 S AVALON BLVD - SP 14
City-State-Zip:	CARSON CA 90746

Title	D
Name	ALLEN, FREN
Address	1420 HWY 492
City-State-Zip:	COLFAX LA 71417

Title	D
Name	SIMMONS, CHARLES
Address	10311 S HARVARD BLVD
City-State-Zip:	LOS ANGELES CA 90047

I hereby 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 all other like empowered.

SIGNATURE: GERALD P. JONES**PRESIDENT****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date