

**2015 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:**2039 SOUTEL DRIVE  
JACKSONVILLE, FL 32208 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 S  
Name JONES, GENEVIEVE  
Address 17700 S AVALON BLVD - SP 14  
City-State-Zip: CARSON CA 90746

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

Title D  
Name DAVIS , PHILLIP  
Address 113 SOMERSET  
City-State-Zip: GARLAND TX 75040

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

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

Title D  
Name PHILLIPS, ANGELA JONES  
Address 2522 HYLAND PARK  
City-State-Zip: HOUSTON TX 77014

Title T  
Name GREEN, DEBRA  
Address 11331 VALARNO DRIVE  
City-State-Zip: HOUSTON TX 77045

**Continues on page 2**

*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****04/30/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name JONES, BERNA  
Address 6410 BLUESTONE DRIVE  
City-State-Zip: HOUSTON TX 77016

Title D  
Name BROWN , SANDRIENA  
Address 836 WEST 49TH STREET  
City-State-Zip: LOS ANGELES CA 90037

Title D  
Name EPPS, NATASHA  
Address 7950 STADIUM DRIVE # 151  
City-State-Zip: HOUSTON TX 77030