

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000078205

**Entity Name:** TIMOTHY JONES INSURANCE INC.

**Current Principal Place of Business:**

26319 81 DRIVE EAST  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

26319 81 DRIVE EAST  
MYAKKA CITY, FL 34251 US

**FEI Number:** 51-0546037

**Certificate of Status Desired:** No

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

JONES, TIMOTHY L  
26319 81 DRIVE EAST  
MYAKKA CITY, FL 34251 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 PD  
Name JONES, TIMOTHY L  
Address 26319 81 DRIVE EAST  
City-State-Zip: MYAKKA CITY FL 34251

Title VP  
Name JONES, SUSAN S  
Address 26319 81 DRIVE EAST  
City-State-Zip: MYAKKA CITY FL 34251

Title SEC  
Name JONES, SUSAN S  
Address 26319 81 DRIVE EAST  
City-State-Zip: MYAKKA CITY FL 34251

*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:** TIMOTHY JONES

**PRESIDENT**

**03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date