## 2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000129362

Entity Name: CALVIN JONES INC.

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## **Current Principal Place of Business:**

130 BROOKSIDE ST LEHIGH ACRES. FL 33936

**Current Mailing Address:** 

130 BROOKSIDE ST

LEHIGH ACRES. FL 33936

FEI Number: 05-0629218 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CALVIN 130 BROOKSIDE ST LEHIGH ACRES, FL 33936 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

FILED Nov 18, 2014

**Secretary of State** 

CC4612447222

Officer/Director Detail:

Title VP Title PD

NameYELVINGTON, CHARLES RNameJONES, CALVIN CAddress130 BROOKSIDE STAddress130 BROOKSIDE ST

City-State-Zip: LEHIGH ACRES FL 33936 City-State-Zip: LEHIGH ACRES FL 33936

Title SS/D Title SS/D

NameSILVA, DERRICKNameBRANCH, MARY AAddress130 BROOKSIDE STAddress130 BROOKSIDE STCity-State-Zip:LEHIGH ACRES FL 33936City-State-Zip:LEHIGH ACRES FL 33936

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: MARY BRANCH SS/D

Electronic Signature of Signing Officer/Director Detail