

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129362

Entity Name: CALVIN JONES INC.

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

Officer/Director Detail :

Title VP
Name BRANCH, PAUL M
Address 130 BROOKSIDE ST
City-State-Zip: LEHIGH ACRES FL 33936

Title PD
Name JONES, CALVIN C
Address 130 BROOKSIDE ST
City-State-Zip: LEHIGH ACRES FL 33936

Title SS/D
Name SILVA, DERRICK
Address 130 BROOKSIDE ST
City-State-Zip: LEHIGH ACRES FL 33936

Title SS/D
Name BRANCH, MARY A
Address 130 BROOKSIDE ST
City-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

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date