

**2024 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 US

**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, MARY A  
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           BRANCH, PAUL M  
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:** CALVIN JONES

**PRESIDENT**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date