

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000021261

**Entity Name:** MP JONES & ASSOCIATES INC.

**Current Principal Place of Business:**

14344 LACKMAN LN  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

14344 LACKMAN LN  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number: 46-2223031**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA FL 33612 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 P, T  
Name JONES, MICHAEL P  
Address 4235 MARSH LANDING BLVD. #521  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title S  
Name JONES, LINDA G  
Address 14344 LACKMAN LN  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D  
Name JONES, MICHAEL P  
Address 4235 MARSH LANDING BLVD. #521  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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: MICHAEL P JONES**

**PRES**

**03/24/2014**

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

\_\_\_\_\_  
Date