

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002485

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: PAGE & JONES, INC.

**Current Principal Place of Business:**

52 N JACKSON STREET  
MOBILE, AL 36602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2167  
MOBILE, AL 36652

**New Mailing Address:**

FEI Number: 63-0309800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GEREN, IVEY  
1519 MULBERRY AVE  
PANAMA CITY, FL 32405 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEE, MICHAEL B  
Address: 270 HILLCREST RD  
City-St-Zip: MOBILE, AL 36608

Title: CT ( ) Delete  
Name: LEE, MICHAEL JR  
Address: 52 N JACKSON ST  
City-St-Zip: MOBILE, AL 36602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEE, MICHAEL B  
Address: 1110 GOVERNMENT ST. #2  
City-St-Zip: MOBILE, AL 36604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS J. BYRNE

CFO

02/05/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date