

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121748

Entity Name: J & K TREE FARMS, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

8990 S.W. LIPE ROAD
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

8990 S.W. LIPE ROAD
ARCADIA, FL 34269

New Mailing Address:

FEI Number: 01-0552519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPE, LEEANN
8990 S.W. LIPE ROAD
ARCADIA, FL 34269

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: PD () Delete
Name: LIPE, JOHN WILLIAM
Address: 8990 S.W. LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

Title: VD () Delete
Name: MAPPES, KENNETH S
Address: 9305 S.W. LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

Title: SD () Delete
Name: LIPE, LEEANN
Address: 8990 S.W. LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

Title: TD () Delete
Name: ALLEN, SUEANN
Address: 21070 JEROME ST
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: MAPPES, SUEANN
Address: 9305 SW LIPE RD
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEE ANN LIPE

SD

04/28/2004

Electronic Signature of Signing Officer or Director

Date