

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000035412

**Entity Name:** NELSON JONES FARMS & TRAINING CENTER OF OCALA INC.

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC3393285178**

**Current Principal Place of Business:**

2500 SW 125TH AVENUE  
OCALA, FL 34481

**Current Mailing Address:**

2500 SW 125TH AVENUE  
OCALA, FL 34481 US

**FEI Number: 26-4671252**

**Certificate of Status Desired: No**

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

CST BUSINESS & FINANCIAL SERVICES  
1130 E. HALLANDALE BEACH BLVD  
SUITE C  
HALLANDALE BEACH, FL 33009 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 DP  
Name IADISERNIA, FELICE  
Address 2500 SW 125TH AVENUE  
City-State-Zip: OCALA FL 34481

Title DVPT  
Name IADISERNIA, MIREYA  
Address 1130 E. HALLANDALE BEACH BLVD  
SUITE C  
City-State-Zip: HALLANDALE BEACH FL 33009

*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: FELICE IADISERNIA**

**BUSINESS MANAGER**

**01/12/2015**

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

\_\_\_\_\_  
Date