

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 680679

1. Entity Name

JONES TURF GRASS FARM, INC.



FILED

04 FEB 23 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business
12851 CO. RD., #315
FT. MCCOY FL 32134
US

Mailing Address
1708 SE 11TH ST
OCALA FL 34471
US

2. Principal Place of Business

3. Mailing Address

4. FEI Number

59-2029150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MARY S.
1708 S.E. 11TH STREET
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CRAWFORD, G. TERRENCE
2310 S.E. 8TH ST.
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JONES, MARY S.
1708 S.E. 11TH ST.
OCALA FL 34471 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
500029314135
02/24/04--01049--019 **\$150.00 ☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary S. Jones (Mary S. Jones) 2/4/04 (352) 732-3019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #