

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

04-22-2004 90058 044 ***150.00

DOCUMENT # J72556	
1. Entity Name NORTHEAST FLORIDA TREE FARMS, INC.	

Principal Place of Business % FRED L. AHERN 2215 SOUTH THIRD ST. #201 JACKSONVILLE BEACH FL 32250	Mailing Address % FRED L. AHERN 2215 SOUTH THIRD ST. #201 JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



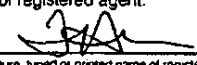
MOORE CR2E034 (11/03)

4. FEI Number 59-2809746	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AHERN, FRED L. 2215 SOUTH THIRD ST SUITE 201 JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent
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  DATE 5/19/04

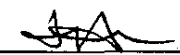
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AHERN, FRED L. 2215 S. THIRD ST #201 JACKSONVILLE BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS AHERN, FRED L. JR. 2215 S. 3RD ST. SUITE 101 JACKSONVILLE BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAREN, MICHAEL 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  Fred L. Ahern 5/14/04 904-241-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #