


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
% FRED L. AHERN % FRED L. AHERN
2215 SOUTH THIRD ST. #201 2215 SOUTH THIRD ST. #201
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250



DO NOT WRITE IN THIS SPACE

03292005 No Chg-P CR2E034 (10/03)

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

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IN THIS SPACE**

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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

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04/05/05-80018-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/31/05** **904-241-4355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #