

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
% 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



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

904-241-4355

DayTime Phone #