

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 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**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2809748

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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**VS
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 32258**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000510787
04/29/06-80018-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/12/06 904-241-4355