


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L65812**  
 1. Entity Name  
**ANNE LEE NURSERY FARMS, INC.**



Principal Place of Business % M. L. JONES 20990 S.W. 248TH ST. HOMESTEAD, FL 33031	Mailing Address % M. L. JONES 20990 S.W. 248TH ST. HOMESTEAD, FL 33031
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**DO NOT WRITE IN THIS SPACE**



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0248514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 JONES, M L  
 20990 S.W. 248TH ST.  
 HOMESTEAD, FL 33031

**DO NOT WRITE IN THIS SPACE**

B. 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: *M. L. Jones* (NOTE: Registered Agent signature required when re-registering) DATE: 3-20-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000095151  
 03/24/04-80020-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ANNE V 20990 S.W. 248TH ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, M L 20990 S.W. 248TH ST. HOMESTEAD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: *M. L. Jones* AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3-20-04 Daytime Phone #