

**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

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 ☐ **\$8.75 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**

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: M. L. Jones

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3-20-04
DATE

**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**

U000000955151
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-04

DATE

Daytime Phone #