


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L65812</b> 1. Entity Name <b>ANNE LEE NURSERY FARMS, INC.</b>	
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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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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

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

<b>6. Name and Address of Current Registered Agent</b>  JONES, M L 20990 S.W. 248TH ST. HOMESTEAD FL 33031	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Delete
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
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U00000407893  Change  Add  
 02/08/06-80038-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M. L. Jones 1-25-06 305 247-8924  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #