

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L65812

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** ANNE LEE NURSERY FARMS, INC.

**Current Principal Place of Business:**

% M. L. JONES  
20990 S.W. 248TH ST.  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

% M. L. JONES  
20990 S.W. 248TH ST.  
HOMESTEAD, FL 33031

**New Mailing Address:**

FEI Number: 65-0248514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, M L  
20990 S.W. 248TH ST.  
HOMESTEAD, FL 33031      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JONES, ANNE V  
Address: 20990 S.W. 248TH ST.  
City-St-Zip: HOMESTEAD, FL

Title: D  
Name: JONES, M L  
Address: 20990 S.W. 248TH ST.  
City-St-Zip: HOMESTEAD, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARION L. JONES

P/D

05/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date