

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90062 028 \*\*\*150.00

**DOCUMENT # P00000014919**

1. Entity Name

W.E. JONES TREE FARM, INC.



Principal Place of Business

9339 LAND O'LAKES BOULEVARD  
LAND O'LAKES FL 34639

Mailing Address

309 S. MAIN ST  
BROOKSVILLE FL 34601

24042523

2. Principal Place of Business

46625 Emerald Coast  
Parkway

3. Mailing Address

10259 Nottingham Forest Dr.  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Destin, FL

City & State

Brooksville, FL

4. FEI Number

59-3626115

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, PAMELA R CPA  
309 S. MAIN STREET  
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Same name

Street Address (P.O. Box Number is Not Acceptable)

10259 Nottingham Forest Dr.

City

Brooksville

FL

Zip Code

34601

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

Pamela R. McKinney

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

(NOTE: Registered Agent signature required when reinstating)

Pamela R. McKinney 4/8/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME JONES, WILLIAM E ☐ Delete  
STREET ADDRESS 9339 LAND O'LAKES BOULEVARD  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE VD ☒ Delete  
NAME JONES, JANET  
STREET ADDRESS 9339 LAND O'LAKES BOULEVARD  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME JONES, WILLIAM E  
STREET ADDRESS 15489 CORTEZ BLVD  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

William E Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 (352) 544-5544

Date

Daytime Phone #