FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90086 017 ***150.00

ANNUAL REPORT

DOCUMENT # P02000025697

1. Entity Name
NELSON JONES FARMS AND TRAINING CENTER, INC.

Principal Place of Business	Mailing Address
516 N FT HARRISON AVE CLEARWATER, FL 33755	516 N FT HARRISON AVE CLEARWATER, FL 33755

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12870 West Hwy 40	PO Box 770803
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Fl	City & State: Ocala Fl
Zip: 34481 Country	Zip: 34477 Country

4. FEI Number: 04-3617956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASKIN, HAMDEN H ESQ
516 N FT HARRISON AVE
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 13577 Feather Sound
Suite 550
City: Clearwater FL Zip Code: 33762

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: Nelson Jones / Nelson Jones Farm and Training Center Inc 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, NELSON 516 N FT HARRISON AVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 13577 Feather Sound #550 Clearwater Fl 33762	☑ Change ☐ Addition
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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: Nelson Jones 4/28/05 352-812-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #