


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 029 ***150.00

DOCUMENT # P02000025697	
1. Entity Name NELSON JONES FARMS AND TRAINING CENTER, INC.	

Principal Place of Business 12870 WEST HIGHWAY 40 OCALA FL 34481	Mailing Address P.O. BOX 770803 OCALA FL 34477
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2. Principal Place of Business - No P.O. Box # 12870 W Hwy 40	3. Mailing Address P.O. Box 770803
Suite, Apt. #, etc. P.O. 770803	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Ocala FL	City & State Ocala FL
Zip 34477	Country USA

4. FEI Number 04-3617956	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BASKIN, HAMDEN H ESQ NELSON JONES FARM & TRAINING CTR, INC. 12870 W HWY 40 OCALA FL 34481	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, NELSON 13577 FEATHER SOUND, SUITE 550 CLEARWATER FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 4/5/07	Daytime Phone #: 352-812-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		