

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90192 023 ***150.00

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04272008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000025697					
1. Entity Name NELSON JONES FARMS AND TRAINING CENTER, INC.					
Principal Place of Business 12870 WEST HIGHWAY 40 P.O. 770803 OCALA, FL 34477			Mailing Address P.O. BOX 770803 OCALA, FL 34477		
2. Principal Place of Business - No P.O. Box # 2500 S.W. 125th Ave			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City, State, Zip Ocala, FL 34481			City & State		
Zip 34481	Country	Zip	Country	4. FEI Number 04-3617956	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Drive # 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 13577 FEATHER SOUND, SUITE 550 CLEARWATER, FL 33762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Gene Schill 2500 S.W. 125th Ave. Ocala, FL 34481 <input type="checkbox"/> Change <input checked="" 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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Gene Schill, Jr</u>			Vice President 4-29-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Gene Schill, Jr			Daytime Phone #		