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Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90060 004 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000099330

1. Entity Name
C. FRANK JONES FERNS, INC.

40003847

Principal Place of Business	Mailing Address
384 WEST WASHINGTON AVENUE PIERSON, FL 32180	384 WEST WASHINGTON AVENUE PIERSON, FL 32180

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO BOX 386
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PIERSON FL
Zip / Country	Zip: 32180 / Country: PUTNAM

4. FEI Number: 34-2002126 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAENFLER, JAMES A 20 N. SUMMIT STREET CRESCENT CITY, FL 32112	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 ____________________
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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, CHARLES F		NAME	
STREET ADDRESS	384 WEST WASHINGTON AVE		STREET ADDRESS	
CITY-ST-ZIP	PIERSON, FL 32180		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, AUGUSTA J		NAME	
STREET ADDRESS	384 WEST WASHINGTON AVE		STREET ADDRESS	
CITY-ST-ZIP	PIERSON, FL 32180		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: C Frank Jones C FRANK JONES 1/18/05 386-749-2564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #