

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020887

FILED
Aug 09, 2004
Secretary of State

Entity Name: SPECTRUM TREE FARMS, INC.

Current Principal Place of Business:

8142 CR 136
LIVE OAK, FL 32060

New Principal Place of Business:

8142 COUNTY ROAD 136
LIVE OAK, FL 32060

Current Mailing Address:

8142 CR 136
LIVE OAK, FL 32060

New Mailing Address:

8142 COUNTY ROAD 136
LIVE OAK, FL 32060

FEI Number: 59-3562815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKS, KEITH L
8142 CR 136
LIVE OAK, FL 32060

Name and Address of New Registered Agent:

JACKS, KEITH L
8142 COUNTY ROAD 136
LIVE OAK, FL 32060

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.

SIGNATURE:

08/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACKS, KEITH L
Address: 8142 CR 136
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACKS, KEITH L
Address: 8142 COUNTY ROAD 136
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH L JACKS

D

08/09/2004

Electronic Signature of Signing Officer or Director

Date