2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000095453

1. Entity Name
CERTIFIED TREE GROWERS ASSOCIATION

Principal Place of Business	Mailing Address
30902 TAYLOR GRADE RD DUETTE, FL 33834 US	30902 TAYLOR GRADE RD DUETTE, FL 33834 US

03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0991122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAPPAN, FELICIA J
30902 TAYLOR GRADE RD
DUETTE, FL 33834

DO NOT WRITE IN THIS SPACE

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: Felicia Tappan
(If changing registered agent, registered agent must sign) (If not, registered agent's signature required when mailed by) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAPPAN, FELICIA J
STREET ADDRESS	30902 TAYLOR GRADE RD
CITY ST ZIP	DUETTE, FL 33834
TITLE	VP
NAME	WESTENBERGER, LOREN
STREET ADDRESS	2030 58TH STREET NORTH
CITY ST ZIP	CLEARWATER, FL 34620
TITLE	T
NAME	TAPPAN, FELICIA
STREET ADDRESS	30902 TAYLOR GRADE ROAD
CITY ST ZIP	DUETTE, FL 33834
TITLE	S
NAME	TAPPAN, FELICIA
STREET ADDRESS	30902 TAYLOR GRADE ROAD
CITY ST ZIP	DUETTE, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000092526
03/19/04-80013-004 150.00

DO NOT WRITE IN THIS SPACE

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: Felicia Tappan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #