


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000069145		
1. Entity Name AMERICAN TREE FARMS, INC.		

FILED

08 OCT -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1530 SOUTH OCEAN BOULEVARD VILLA - 4 POMPANO BEACH, FL 33062 US	Mailing Address 1530 SOUTH OCEAN BOULEVARD VILLA - 4 POMPANO BEACH, FL 33062 US
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2. Principal Place of Business - No P.O. Box # 1530 So Ocean Blvd	3. Mailing Address Suite, Apt. #, etc. 4
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09192008 Chg-P CR2E034 (12/06)

City & State Pompano Beach FL	City & State
Zip 33062	Country Broward

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent BENFIELD, PAULINE 1530 SOUTH OCEAN BOULEVARD VILLA - 4 POMPANO BEACH, FL 33062	
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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	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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, P BENFIELD, PAULINE 1530 SOUTH OCEAN BOULEVARD, VILLA - 4 POMPANO BEACH, FL 33062 <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	D, S BENFIELD, PAULINE 1530 SOUTH OCEAN BOULEVARD, VILLA - 4 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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10/02/08--01048--002 **150.00

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>Pauline Benfield</u>	Date: <u>09-26-08</u> Daytime Phone #: <u>849436609</u>

this corp has no employees, no income, no other stockholders