



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000003754</b>	
1. Entity Name <b>AMERIGROW RECYCLING CORP.</b>	

Principal Place of Business <b>10320 W. ATLANTIC AVENUE DELRAY BEACH, FL 33446 US</b>	Mailing Address <b>10320 W. ATLANTIC AVENUE DELRAY BEACH, FL 33446 US</b>
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DO NOT WRITE IN THIS SPACE

	
01072008	No Chg-P
CR2E034 (11/05)	
4. FEI Number <b>16-1480757</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TOMLINSON, CHARLES W III  
 10320 W. ATLANTIC AVENUE  
 DELRAY BEACH, FL 33446**

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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.  **\$5.00** May Be Added to Fees

U00000778513  
 01/10/08-80051-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TOMLINSON, JANET 10320 W ATLANTIC AVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KEARNEY, SILVIA 10320 W ATLANTIC AVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMLINSON, DAVID 10320 W ATLANTIC AVE DELRAY BEACH, FL 33446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **1/7/08** **561 499-8148**

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