

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007429

**FILED
Apr 15, 2004
Secretary of State**

Entity Name: AMERICAN NATURE TRUST, INC.

Current Principal Place of Business:

5415 SHAKESPEARE DR
DOVER, FL 33526

New Principal Place of Business:

Current Mailing Address:

5415 SHAKESPEARE DR
DOVER, FL 33526

New Mailing Address:

FEI Number: 54-2121934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JORDAN, MARK E
5415 SHAKESPEARE DR
DOVER, FL 33526

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JORDAN, MARK F
Address: 5415 SHAKESPEARE DR
City-St-Zip: DOVER, FL 33526

Title: DS () Delete
Name: YOUNG, JIM
Address: 5415 SHAKESPEARE DR
City-St-Zip: DOVER, FL 33526

Title: DT () Delete
Name: OSBORNE, JOHN
Address: 5415 SHAKESPEARE DR
City-St-Zip: DOVER, FL 33526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK F. JORDAN

PRES

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date