

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000053169**

1. Entity Name  
**AMERICAN TREE GROWERS INCORPORATED**



Principal Place of Business

**2399 NARROW WAY  
DELAND, FL 32720**

Mailing Address

**POST OFFICE BOX 229259  
GLENWOOD, FL 32722**

**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**32-0015595**

Applied For

Not Applicable

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

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

**PEACOCK, J. PAUL  
2399 NARROW WAY  
DELAND, FL 32720**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PEACOCK, TONYA L
STREET ADDRESS	POST OFFICE BOX 229259
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	VP
NAME	MILLER, BETH
STREET ADDRESS	POST OFFICE BOX 229259
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	S
NAME	PEACOCK, J. PAUL
STREET ADDRESS	POST OFFICE BOX 229259
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/21/04-80001-003 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**J. PAUL Peacock 7-04 386-822-7882**