

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000095453

1. Entity Name
CERTIFIED TREE GROWERS ASSOCIATION



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

Mailing Address
**30902 TAYLOR GRADE RD
DUETTE, FL 33834 US**



04042005 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 _____

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

1100000290751
04/07/05-80002-017 150.00

**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)(g), 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 J. Tappan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felicia J Tappan 4-5-05
Date Daytime Phone #