

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F11496 1. Entity Name RED PALM NURSERY, INC.					
Principal Place of Business 111 POLK ST. P.O. BOX 342 LAKE PLACID FL 33852			Mailing Address 111 POLK ST. P.O. BOX 342 LAKE PLACID FL 33852		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 59-2113882			
6. Name and Address of Current Registered Agent LIVINGSTON, SILVIA 420 9TH AVENUE SEBRING FL 33872				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD IBANEZ, MARTIN T. 7516 JEFFERSON AVE. P.O. BOX 342 LAKE PLACID FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend </div> <div style="text-align: center;"> U00000197756 01/27/05-80022-024 150.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD IBANEZ, SILVIA G. 7516 JEFFERSON AVE. P.O. BOX 342 LAKE PLACID FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add/Amend</div>	
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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 changed, or on an attachment with address, with all other like empowered.

SIGNATURE **MARTIN T. IBANEZ - PRESIDENT - 1-20-05 (863) 465-9361**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #