2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11496

LAKE PLACID, FL

City-St-Zip:

Entity Name: RED PALM NURSERY, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 111 POLK ST. 111 POLK ST. P.O. BOX 342 LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 **New Mailing Address: Current Mailing Address:** 111 POLK ST. P.O. BOX 342 LAKE PLACID, FL 33852 FEI Number: 59-2113882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIVINGSTON, SILVIA 420 9TH AVENUE SEBRING, FL 33872 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition IBANEZ, MARTIN T., Name: Name: 7516 JEFFERSON AVE. P.O. BOX 342 Address: Address: City-St-Zip: LAKE PLACID, FL City-St-Zip: Title: VSD () Delete Title: () Change () Addition IBANEZ, SILVIA G., Name: Name: 7516 JEFFERSON AVE. P.O. BOX 342 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN IBANEZ PRES 01/07/2009