

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11496

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** RED PALM NURSERY, INC.

**Current Principal Place of Business:**

111 POLK ST.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

111 POLK ST.  
P.O. BOX 342  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 59-2113882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVINGSTON, SILVIA  
420 9TH AVENUE  
SEBRING, FL 33872 US

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** IBANEZ, MARTIN T.  
**Address:** 7516 JEFFERSON AVE. P.O. BOX 342  
**City-St-Zip:** LAKE PLACID, FL

**Title:** VSD  
**Name:** IBANEZ, SILVIA G.  
**Address:** 7516 JEFFERSON AVE. P.O. BOX 342  
**City-St-Zip:** LAKE PLACID, FL

I hereby 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 all other like empowered.

**SIGNATURE:** MARTIN T. IBANEZ

PTD

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date