

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11496

**FILED**  
**Mar 09, 2011**  
**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:**

LIVINGSTON, SILVIA  
6380 STILL COURT  
ZOLFO SPRINGS, FL 33890 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

03/09/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: IBANEZ, MARTIN T.  
Address: 111 POLK ST., PO BOX 342  
City-St-Zip: LAKE PLACID, FL 33852

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

PSTD

03/09/2011

Electronic Signature of Signing Officer or Director

Date