

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F46888

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** MORNINGSTAR NURSERY, INC.

**Current Principal Place of Business:**

14600 STARKEY RD, DELRAY BCH., FL 33446  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 480217  
DELRAY BEACH, FL 334480217

**New Mailing Address:**

203 VIA VIZCAYA  
PALM BEACH, FL 33480

**FEI Number:** 59-2131829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINE, COREY E CPA  
15300 JOG ROAD, SUITE 208  
DELRAY BEACH, FL 33446 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OKEAN, PAUL Z  
Address: 14600 STARKEY ROAD  
City-St-Zip: DELRAY BEACH, FL 33446

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: PAUL Z. OKEAN

PRES

03/22/2011

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

\_\_\_\_\_  
Date