

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000108509

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** FOXTAIL PALM NURSERY INC.

**Current Principal Place of Business:**

5600 SW 106 AVENUE  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5600 SW 106 AVENUE  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 65-1154958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANE, MARIA  
10148 NORTHWEST 31 COURT  
SUNRISE, FL 33351 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: VPST  
Name: KANE, MARIA  
Address: 10148 NW 31 CT  
City-St-Zip: SUNRISE, FL 33351

Title: D  
Name: KANE, MARIA  
Address: 10148 NW 31ST CT  
City-St-Zip: SUNRISE, FL 33351

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: MARIA KANE

PRES

04/14/2012

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

\_\_\_\_\_  
Date