

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066846

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** FLAMINGO FOLIAGE OF FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 6949  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6949  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

P.O. BOX 6949  
WEST PALM BEACH, FL 33405

FEI Number: 56-2370189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STARR, NANCY E  
1429 NORTH J TERRACE  
LAKE WORTH, FL 33460 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: PRES ( ) Delete  
Name: STARR, NANCY E PRESIDE  
Address: P.O. BOX 6949  
City-St-Zip: WEST PALM BEACH, FL 33405 PB

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
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: NANCY STARR

OWNE

04/01/2009

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

\_\_\_\_\_ Date