2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 8:00 am
Secretary of State
02-20-2008 90009 029 ***150.00

DOCUMENT # P05000020699

1. Entity Name
STARLING NURSERY, INC.

40028742

Principal Place of Business	Mailing Address
P.O. BOX 494 SEVILLE FL 32190	P.O. BOX 494 SEVILLE FL 32190

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 Raulerson Rd #1	PO Box 494
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seville, FL	City & State: Seville, FL
Zip: 32190 — Country: Volusia	Zip: 32190 — Country: Volusia

1st MOORE CR2E034 (10/07)

4. FEI Number 20-2223764 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, C. BERNON
310 RAULERSON ROAD
SEVILLE FL 32190

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C B Abbott — DATE: 1-23-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABBOTT, C. BERNON	NAME	
STREET ADDRESS	310 RANKERSON RD #1	STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL 32190	CITY-ST-ZIP	
TITLE	OVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STARLING, TREVOR R	NAME	
STREET ADDRESS	2223 LAKE RUBY RD	STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C B Abbott — 2-14-08 — (386)233-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #