

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000110769

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** NEW SHOOTS BAMBOO NURSERY, INC.

**Current Principal Place of Business:**

4505 S.W. KANNER HIGHWAY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

4505 S.W. KANNER HIGHWAY  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 20-5339069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARTHUR PALERMO JR. CPA, P.A.  
9720 STIRLING ROAD  
SUITE 203  
COOPER CITY, FL 33024 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:** P  
**Name:** BARNEY JR., STEVEN  
**Address:** 726 MARITIME WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33410

**Title:** VP  
**Name:** ROBINSON, DEVON  
**Address:** 12243 FLORIDA AVENUE  
**City-St-Zip:** STUART, FL 34994

**Title:** S  
**Name:** FELL, DIANA  
**Address:** 1241 SW WELLINGTON AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

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:** DEVON ROBINSON

VP

04/21/2011

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

\_\_\_\_\_  
Date