

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000087789

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE FARM AND NURSERY INC.

**Current Principal Place of Business:**

1101 SAEGER AVE  
FORT PIERCE, FL 349827650

**New Principal Place of Business:**

**Current Mailing Address:**

1101 SAEGER AVE  
FORT PIERCE, FL 349827650

**New Mailing Address:**

**FEI Number:** 32-0263072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAYNE, A. LARSEN  
1101 SAEGER AVE  
FORT PIERCE, FL 349827650 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: DPS  
Name: LARSEN, WAYNE  
Address: 1101 SAEGER AVE  
City-St-Zip: FORT PIERCE, FL 349827650

Title: VT  
Name: LARSEN, BEVERLEY  
Address: 1101 SAEGER AVE  
City-St-Zip: FORT PIERCE, FL 349827650

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: WAYNE LARSEN

DPS

04/23/2011

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

\_\_\_\_\_  
Date