

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000025878

Entity Name: MADAY NURSERY, INC.

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

122 HUGHES RD.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

122 HUGHES RD.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3581354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARKIN, MARSHALL H ATT.  
149-P S. RIDGEWOOD AVE.,STE.710  
DAYTONA BEACH, FL 32114 US

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

HICKEY, HAL  
484 NASH LANE  
PORT ORANGE, FL 32127 US

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: HAL HICKEY

02/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MADAY, GEORGE  
Address: 2805 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD  
Name: STILES MADAY, JUSTINE  
Address: 2805 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: GEORGE MADAY

PRES

02/27/2011

Electronic Signature of Signing Officer or Director

Date