

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93314

FILED
Apr 21, 2009
Secretary of State

Entity Name: PRESTIGE PROPERTY CARE, INC. D/B/A BASTIE & ASSOCIATES INSURANCE SERVICES

Current Principal Place of Business:

523 59TH STREET S
ST. PETERSBURG, FL 337071731 US

New Principal Place of Business:

523 59TH STREET S
ST. PETERSBURG, FL 33707 US

Current Mailing Address:

523 59TH STREET S
ST. PETERSBURG, FL 337071731 US

New Mailing Address:

523 59TH STREET S
ST. PETERSBURG, FL 33707 US

FEI Number: 59-2904314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASTIE, GARY A.
523 SOUTH 59TH ST
SUITE 325
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

BASTIE, GARY
523 SOUTH 59TH ST
ST. PETERSBURG, FL 33707 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: GARY BASTIE

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BASTIE, GARY A.
Address: 523 SOUTH 59TH ST
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: BASTIE, ROBERTA L.
Address: 523 SOUTH 59TH ST
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV-D (X) Change () Addition
Name: BASTIE, GARY
Address: 523 SOUTH 59TH ST
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: ST-D (X) Change () Addition
Name: BASTIE, ROBERTA
Address: 523 SOUTH 59TH ST
City-St-Zip: ST. PETERSBURG, FL 33707 US

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: ROBERTA BASTIE

ST-D

04/21/2009

Electronic Signature of Signing Officer or Director

Date