

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93314

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PRESTIGE PROPERTY CARE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6860 GULFPORT BLVD.  
#210  
ST. PETERSBURG, FL 33707 US

**Current Mailing Address:**

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

**New Mailing Address:**

6860 GULFPORT BLVD.  
#210  
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  
523 SOUTH 59TH ST  
ST. PETERSBURG, FL 33707 US

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

BASTIE, GARY  
6860 GULFPORT BLVD.  
#210  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PV-D  
Name: BASTIE, GARY  
Address: 6860 GULFPORT BLVD., #210  
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: ST-D  
Name: BASTIE, ROBERTA  
Address: 6860 GULFPORT BLVD., #210  
City-St-Zip: ST. PETERSBURG, FL 33707 US

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: ROBERTA BASTIE

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

S/T

04/30/2011

\_\_\_\_\_  
Date