

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M94437

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST TURF CARE & PEST MANAGEMENT ENTERPRISES, INC.

**Current Principal Place of Business:**

4058 LAMSON AVE  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT J. D'ONOFRIO  
8227 TRANQUIL DR  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 59-2902449      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

D' ONOFRIO, ROBERT J.  
8227 TRANQUIL DR  
SPRING HILL, FL 34606 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: D'ONOFRIO, ROBERT  
Address: 8227 TRANQUIL DR.  
City-St-Zip: SPRING HILL, FL 34606

Title: ST  
Name: D'ONOFRIO, ROBERT  
Address: 8227 TRANQUIL DR.  
City-St-Zip: SPRING HILL, FL

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: ROBERT J D'ONOFRIO

PRES

02/16/2011

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

\_\_\_\_\_  
Date