

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000081282

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PROTERRA LANDCARE SOLUTIONS, INC

**Current Principal Place of Business:**

4807 WEST PAUL ST  
TAMPA, FL 33616

**New Principal Place of Business:**

4807 WEST PAUL AVE  
TAMPA, FL 33616

**Current Mailing Address:**

4807 WEST PAUL ST  
TAMPA, FL 33616

**New Mailing Address:**

4807 WEST PAUL AVE  
TAMPA, FL 33616

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, TRACY  
3331 WEST MAIN STREET  
TAMPA, FL 33607 US

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

WILLIAMS, TRACY  
4807 WEST PAUL AVE  
TAMPA, FL 33616 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: TRACY WILLIAMS

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WILLIAMS, TRACY A  
Address: 4807 WEST PAUL AVE  
City-St-Zip: TAMPA, FL 336616 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: TRACY WILLIAMS

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date