

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000052427

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** NU TURF LAWN & GARDEN CENTER OF MARGATE, INC.

**Current Principal Place of Business:**

1785 NORTH STATE ROAD 7  
MARGATE, FL 33063 US

**New Principal Place of Business:**

1441 BANKS ROAD  
MARGATE, FL 33063 US

**Current Mailing Address:**

1785 NORTH STATE ROAD 7  
MARGATE, FL 33063 US

**New Mailing Address:**

1441 BANKS ROAD  
MARGATE, FL 33063 US

**FEI Number:** 65-0673084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONO, NANCY B PRES  
1785 N STATE ROAD 7  
MARGATE, FL 33063 US

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

BONO, NANCY B PRES  
1441 BANKS ROAD  
MARGATE, FL 33063 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:

04/28/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BONO, NANCY B  
Address: 1785 N STATE RD 7  
City-St-Zip: MARGATE, FL 33063

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: NANCY B BONO

PRES

04/28/2011

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

\_\_\_\_\_  
Date