

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M77148

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** INDEPENDENT GEMOLOGICAL APPRAISERS, INC.

**Current Principal Place of Business:**

3107 MAGDALENE FOREST CT  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3107 MAGDALENE FOREST CT  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 59-2931650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRISON, ROBERT B., JR.  
1516 8TH AVENUE  
TAMPA, FL 33605 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:** PD  
**Name:** BUTLER, DARLENE  
**Address:** 3107 MAGADALENE FRST CT  
**City-St-Zip:** TAMPA, FL

**Title:** VD  
**Name:** BUTLER, MICHELYN  
**Address:** 3107 MAGDALENE FRST CT  
**City-St-Zip:** TAMPA, FL

**Title:** SD  
**Name:** BUTLER, MIKE  
**Address:** 3107 MAGDALENE FRST CT  
**City-St-Zip:** TAMPA, 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:** DARLENE J. BUTLER

OWNE

03/19/2011

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

\_\_\_\_\_  
Date