

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000081637

Entity Name: STA-WI-VI, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2764 SHADE TREE DRIVE  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

2764 SHADE TREE DRIVE  
ORANGE PARK, FL 32003

**New Mailing Address:**

FEI Number: 59-3744927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCAIFE, WILLIAM O III  
2764 SHADE TREE DRIVE  
ORANGE PARK, FL 32068 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: PRES  
Name: SCAIFE, WILLIAM O III  
Address: 2764 SHADE TREE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP  
Name: SCAIFE, STACEY A  
Address: 2764 SHADE TREE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

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: WILLIAM O SCAIFE, III

PRES

04/18/2011

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

\_\_\_\_\_  
Date