

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082128

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** WEGSCHEID APPRAISAL & REAL ESTATE, INC.

**Current Principal Place of Business:**

62120 FRONTIER CIRCLE  
LABELLE, FL 33935

**New Principal Place of Business:**

1323 FRONTIER CIRCLE  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 749  
LABELLE, FL 33975 US

**New Mailing Address:**

**FEI Number:** 65-1132196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEGSCHEID, SCOTT C  
62120 FRONTIER CIRCLE  
LABELLE, FL 33935 US

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

WEGSCHEID, SCOTT C  
1323 FRONTIER CIRCLE  
LABELLE, FL 33935 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:**

03/23/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEGSCHEID, SCOTT C  
Address: 62120 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: V ( ) Delete  
Name: WEGSCHEID, SUSAN T  
Address: 62120 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WEGSCHEID, SCOTT C  
Address: 1323 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: V (X) Change ( ) Addition  
Name: WEGSCHEID, SUSAN T  
Address: 1323 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** SCOTT C WEGSCHEID

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date