2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002083

Entity Name: SELVIG TREE APPRAISAL, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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7035 PHILIPS HWY, STE 5-108 11651 CENTRAL PARKWAY JACKSONVILLE, FL 32216

114

JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

7035 PHILIPS HWY, STE 5-108 11651 CENTRAL PARKWAY JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32224

FEI Number: 56-2423613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AMATO, JEFFREY J AMATO, JEFFREY J 7035 PHILLIPS HWY STE 5-108 11651 CENTRAL PARKWAY STE 114 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32224

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: 02/04/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SANE, AARON D SANE, AARON D Name: Name:

7035 PHILIPS HWY, STE 5-108 11651 CENTRAL PARKWAY STE 114 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32224

Title: Title: () Change () Addition () Delete

DENT. DOUGLAS A Name: Name: 10 CANDLEWYCK CT Address: Address: NEW HOPE, PA 18938 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: PD () Delete PD

AMATO, JEFFREY J Name: AMATO, JEFFREY J Name:

7035 PHILIPS HWY, STE 5-108 11651 CENTRAL PARKWAY STE 114 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32224

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: JEFFREY AMATO PD 02/04/2009