

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000000244

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ALL COUNTIES APPRAISAL AND UMPIRE SERVICES INC.

**Current Principal Place of Business:**

11 GARDEN WAY  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

2472 ST. AUGUSTINE BLVD.  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 68  
LAKE ALFRED, FL 33850 US

**New Mailing Address:**

2472 ST. AUGUSTINE BLVD.  
HAINES CITY, FL 33844

**FEI Number:** 27-4557460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, PRISCILLA  
3214 PINE CLUB DRIVE  
PLANT CITY, FL 33566 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: P  
Name: STEWART, GREGORY K  
Address: 2472 ST. AUGUSTINE BLVD.  
City-St-Zip: HAINES CITY, FL 33844 US

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: GREGORY KEITH STEWART

PRES

04/30/2012

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

\_\_\_\_\_  
Date