

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000003062

FILED  
Sep 21, 2012  
Secretary of State

**Entity Name:** STATE WIDE, INCORPORATED

**Current Principal Place of Business:**

2241 LEMON DRIVE  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 584  
EAGLE LAKE, FL 33839

**New Mailing Address:**

**FEI Number:** 90-0652061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCALL, TRINITY  
2241 LEMON DRIVE  
LAKE WALES, FL 33898 US

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

MCCALL, SHARON  
2024 LEMON DR  
LAKE WALES, FL 33898 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:** SHARON MCCALL

09/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MCCALL, TRINITY  
**Address:** 2006 LEMON DRIVE  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** VPD  
**Name:** MCCALL, VALERIE  
**Address:** 2006 LEMON DR  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** SD  
**Name:** MCCALL, SHARON  
**Address:** 2024 LEMON DRIVE  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** TR  
**Name:** MCCALL, SHARON  
**Address:** 2024 LEMON DR  
**City-St-Zip:** LAKE WALES, FL 33898 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:** SHARON MCCALL

TR

09/21/2012

Electronic Signature of Signing Officer or Director

Date