

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 19, 2009
Secretary of State**

DOCUMENT# P94000044550

Entity Name: STATEWIDE APPLIANCE, INC.

Current Principal Place of Business:

417 18TH AVE
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

417 18TH AVE
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-3229401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, FRANK
417 18TH AVE
INDIAN ROCKS BEACH, FL 33785 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: D () Delete
Name: WALLACE, FRANK W
Address: PO BOX 444
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP () Delete
Name: CARDINALE, SAM
Address: 8442 BOXWOOD DR
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: KLEIN, MARK
Address: 702 QUEENS CT.
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WALLACE, FRANK W
Address: PO BOX 444
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GRACIE, TERRY
Address: 7480 W. JAMICIA
City-St-Zip: TAMPA, FL 33615

Title: D () Change (X) Addition
Name: HUERTA, RICHARD
Address: 3402 MINEOLA
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: FRANK W. WALLACE

Electronic Signature of Signing Officer or Director

PRES

11/19/2009

Date