

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044550

FILED  
Feb 02, 2012  
Secretary of State

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 (X)

**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: PRES  
Name: WALLACE, FRANK W  
Address: PO BOX 444  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

Title: D  
Name: GRACIE, TERRY  
Address: 7480 W. JAMICIA  
City-St-Zip: TAMPA, FL 33615

Title: D  
Name: HUERTA, RICHARD  
Address: 3402 MINEOLA  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: FRANK W. WALLACE

PRES

02/02/2012

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

\_\_\_\_\_ Date