

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024820

FILED  
Feb 11, 2011  
Secretary of State

**Entity Name:** STATE WIDE APPRAISAL SERVICES, INC.

**Current Principal Place of Business:**

13799 PARK BLVD  
SUITE 306  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

2687 BLUE CYPRESS LAKE CT.  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

13799 PARK BLVD  
SUITE 306  
SEMINOLE, FL 33776 US

**New Mailing Address:**

2687 BLUE CYPRESS LAKE CT.  
CAPE CORAL, FL 33909 US

**FEI Number:** 59-3307290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EDWARDS, JASON M SR  
13701 MONTEGO DRIVE  
SEMINOLE, FL 33776 US

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

EDWARDS, JASON M SR  
2687 BLUE CYPRESS LAKE CT.  
CAPE CORAL, FL 33909 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: JASON M EDWARDS SR

02/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EDWARDS, JASON M SR  
Address: 2687 BLUE CYPRESS LAKE CT.  
City-St-Zip: CAPE CORAL, FL 33909

Title: VP  
Name: EDWARDS, MONICA L  
Address: 2687 BLUE CYPRESS LAKE CT.  
City-St-Zip: CAPE CORAL, FL 33909

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: JASON M EDWARDS SR

P

02/11/2011

Electronic Signature of Signing Officer or Director

Date