

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097736

FILED
Apr 26, 2007
Secretary of State

Entity Name: SUNCOAST APPRAISAL GROUP OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1405 S.E. 47TH STREET
UNIT 1
CAPE CORAL, FL 33904

New Principal Place of Business:

822 SE 46TH LANE
CAPE CORAL, FL 33904

Current Mailing Address:

1405 S.E. 47TH STREET
UNIT 1
CAPE CORAL, FL 33904

New Mailing Address:

P.O. BOX 101114
CAPE CORAL, FL 339101114

FEI Number: 65-0715884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGSWELL, PATRICIA M
1405 SE 47TH ST
STE 1
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

COGSWELL, PATRICIA M
1662 EDITH ESPLANADE
CAPE CORAL, FL 33904 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: PATRICIA M COGSWELL

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COGSWELL, PATRICIA M
Address: 1405 SE 47TH STREET., #1
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: SAVIGNE, ALFREDO L
Address: 1405 SE 47TH STREET, #1
City-St-Zip: CAPE CORAL, FL 33904

Title: TR () Delete
Name: COGSWELL, JEFF B
Address: 1417 SW 51ST LANE #34
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COGSWELL, PATRICIA M
Address: 1662 EDITH ESPLANADE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Change () Addition
Name: SAVIGNE, ALFREDO L
Address: 1662 EDITH ESPLANADE
City-St-Zip: CAPE CORAL, FL 33904

Title: TR (X) Change () Addition
Name: COGSWELL, JEFF B
Address: 503 OLD BURNT STORE RD N
City-St-Zip: CAPE CORAL, FL 33993

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: PATRICIA M COGSWELL

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date