

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000011505

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** SCHOFIELD APPRAISAL SERVICES, INC.

**Current Principal Place of Business:**

450-106 S R 13 NORTH, #211  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

1464 TAMA RAN PLACE  
ST. JOHNS, FL 32259 US

**Current Mailing Address:**

450-106 S R 13 NORTH, #211  
ST. JOHNS, FL 32259

**New Mailing Address:**

450-106 ST ROAD 13 NORTH, #211  
ST JOHNS, FL 32259 US

**FEI Number:** 59-3551662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOFIELD, MARK A  
1464 TAMA RAN PLACE  
JACKSONVILLE, FL 32259 US

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

SCHOFIELD, MARK A  
1464 TAMA RAN PLACE  
ST JOHNS, FL 32259 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:

04/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHOFIELD, MARK A  
Address: 1464 TAMA RAN PLACE  
City-St-Zip: ST JOHNS, FL 32259 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: MARK A. SCHOFIELD

D

04/23/2011

Electronic Signature of Signing Officer or Director

Date