

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 113815

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: R. LEE WILLIAMS & SON FUNERAL HOME, INC.

**Current Principal Place of Business:**

R LEE WILLIAMS  
3530-49TH ST N  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

R LEE WILLIAMS  
3530-49TH ST N  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 59-0840755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, ROBIN L  
3530 49TH STREET NORTH  
ST PETERSBURG, FL 33710 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: WILLIAMS, CAROLYN  
Address: 9808 ASHLEY DRIVE  
City-St-Zip: SEMINOLE, FL 33772

Title: PD ( ) Delete  
Name: WILLIAMS, ROBIN  
Address: 9808 ASHLEY DRIVE  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ROBIN L. WILLIAMS

PRES

04/09/2009

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

\_\_\_\_\_  
Date