## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 128849**

1203 HENDRICKS AVE

JACKSONVILLE, FL 32207

Address: City-St-Zip:

Entity Name: ROBERT M NAUGI E MORTUARIES INC

FILED Apr 30, 2009 Secretary of State

	ROBERT	W. W. GOLL WORLD, I			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1203 HENDRICKS AVE JACKSONVILLE, FL 32207			1203 HENDRICKS A JACKSONVILLE, FL	·· <del>-</del>	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 5828 JACKSONVILLE, FL 32247			PO BOX 5828 JACKSONVILLE, FL	32247 US	
FEI Number:	59-1102047	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NAUGLE,ROBERT M 1203 HENDRICKS AVE JACKSONVILLE, FL US			NAUGLE,ROBERT I 1203 HENDRICKS A JACKSONVILLE, FL	VE	
	named entity : of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				04/30/2009	
	Electror	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T ( ) NAUGLE, ELAII 1203 HENDRIC JACKSONVILLI	KS AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) NAUGLE, ROB 1203 HENDRIC JACKSONVILL	KS AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( ) NAUGLE, ELAII	Delete NE L	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT MORRIS NAUGLE P 04/30/2009