

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555376

FILED
Jan 14, 2009
Secretary of State

Entity Name: SCLAFANI WILLIAMS COURT REPORTERS, INC.

Current Principal Place of Business:

402 SOUTH KENTUCKY AVENUE
SUITE 390
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24510
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-1775661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, W D ESQ
501 EAST KENNEDY BLVD.
17TH FLOOR
TAMPA, FL 33602 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: DPTS () Delete
Name: WILLIAMS,FREIDA SCLA, FANI
Address: 402 SOUTH KENTUCKY AVE. SUITE 390
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FREIDA SCLAFANI WILLIAMS

DPTS

01/14/2009

Electronic Signature of Signing Officer or Director

Date