

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555376

FILED  
Jan 05, 2010  
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  
Name: WILLIAMS,FREIDA SCLAFANI  
Address: 402 SOUTH KENTUCKY AVE. SUITE 390  
City-St-Zip: LAKELAND, FL 33801

Title: MS  
Name: CORA, A HUTSON  
Address: 182 CASEBIER ST  
City-St-Zip: LAKELAND, FL 33815

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: FREIDA SCLAFANI WILLIAMS

DPTS

01/05/2010

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

\_\_\_\_\_  
Date