

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 691045

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** ROBERTS FUNERAL HOME OF DUNNELLON, INC.

**Current Principal Place of Business:**

19939 E. PENNSYLVANIA  
DUNNELLON, FL 34432 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2073  
DUNNELLON, FL 34430 US

**New Mailing Address:**

**FEI Number:** 59-2108879      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROBERTS, KENNETH E  
19939 E. PENNSYLVANIA AVENUE  
DUNNELLON, FL 34432 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTS, KENNETH E  
Address: 8909 SW 190TH AVENUE ROAD  
City-St-Zip: DUNNELLON, FL 34432

Title: S  
Name: ROBERTS, PATRICIA C  
Address: 8909 SW 190TH AVENUE ROAD  
City-St-Zip: DUNNELLON, FL 34432

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: PATTY ROBERTS

SEC

03/26/2012

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

\_\_\_\_\_  
Date