

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 15, 2011  
Secretary of State**

DOCUMENT# F89673

Entity Name: WILSON-EICHELBERGER MORTUARY, INC.

**Current Principal Place of Business:**

% EUNICE I WILSON  
1110 PINE AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

% EUNICE I WILSON  
1110 PINE AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-2220571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WILSON, EUNICE I  
1110 PINE AVENUE  
SANFORD, FL 32771      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: WILSON, EUNICE I  
Address: 1110 PINE AVENUE  
City-St-Zip: SANFORD, FL

Title: VP  
Name: CHOICE, ANITA G  
Address: P.O. BOX 1601  
City-St-Zip: SANFORD, FL 32771

Title: SEC  
Name: CHOICE, ANITA G  
Address: P.O. BOX 1601  
City-St-Zip: SANFORD, FL 32771

Title: TREA  
Name: CHOICE, ANITA G  
Address: P.O. BOX 1601  
City-St-Zip: SANFORD, FL 32771

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: EUNICE I WILSON

PD

03/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date