


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L18364</b> 1. Entity Name RAY WILLIAMS FUNERAL HOME, INC.	
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Principal Place of Business 301 N. HOWARD AVENUE TAMPA, FL 33606	Mailing Address 301 N. HOWARD AVENUE TAMPA, FL 33606
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04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2987552	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NORTHERN, DAVID L., JR. 301 N. HOWARD AVENUE TAMPA, FL 33606
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, JEFFREY L 1707 W BEACH STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORTHERN, DAVID L JR. 4207 W. CLEVELAND STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORTHERN, SARAH C 4207 W. CLEVELAND STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHODES, VERNEKA L 708 GRAND CIRCLE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80061-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David L. Northern Jr. DAVID L. NORTHERN, JR. 21 April 06 (813) 253-3419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #