

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000008810

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ROBARTS FAMILY FUNERAL HOME, INC.

**Current Principal Place of Business:**

529 WEST MAIN STREET  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 519  
WAUCHULA, FL 33873

**New Mailing Address:**

529 WEST MAIN STREET  
WAUCHULA, FL 33873

**FEI Number:** 65-0725176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAVARY, JOHNSON S JR.  
C/O DUNLAP & MORAN, P.A  
22 SOUTH LINKS AVENUE, SUITE 300  
SARASOTA, FL 34236 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: DPT  
Name: ROBARTS, DENNIS  
Address: 529 WEST MAIN STREET  
City-St-Zip: WAUCHULA, FL 33873

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: DENNIS ROBARTS

PRES

03/16/2011

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

\_\_\_\_\_  
Date