

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F89673

**Entity Name:** WILSON-EICHELBERGER MORTUARY, INC.

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC4810560866**

**Current Principal Place of Business:**

% EUNICE I WILSON  
1110 PINE AVENUE  
SANFORD, FL 32771

**Current Mailing Address:**

% EUNICE I WILSON  
1110 PINE AVENUE  
SANFORD, FL 32771

**FEI Number: 59-2220571**

**Certificate of Status Desired: No**

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

WILSON, EUNICE I  
1110 PINE AVENUE  
SANFORD, FL 32771 US

*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

**Officer/Director Detail :**

Title	PD	Title	VP
Name	WILSON, EUNICE I	Name	RICHARDSON, LEE J
Address	1110 PINE AVENUE	Address	1110 PINE AVE
City-State-Zip:	SANFORD FL 32771	City-State-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**

**PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date