2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

Jul 25, 2005 8:00 am **DOCUMENT # 124407 Secretary of State** 1. Entity Name 07-25-2005 90099 018 ***150.00 MILAM FUNERAL HOME, INC. Principal Place of Business Mailing Address 311 SOUTH MAIN STREET GAINESVILLE FL 32601 311 SOUTH MAIN STREET GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-0312320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILAM, MARCUS III Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH MAIN STREET GAINIESVILLE FL 32602 City Zip Code ۴l 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 Signature, typed or punied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE ☐ Delete ☐ Change □ Addition MILAM, MARCUS A. III NAME NAME STREET ADDRESS 5308 N.W. 14TH AVENUE STREET ADDRESS GAINESVILLE FL 32605 CITY-ST-7IP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILAM, MARY KATHRYN NAME STREET ADDRESS 5308 N.W. 14TH AVENUE STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIF CITY-ST-7/P TITLE VD Delete THE Change Addition NAME MILAM, ASHLEY L NAME STREET ADDRESS STREET ADDRESS 311 S MAIN STREET Crim-Si-ZiP CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

OFFICER OR DIRECTO

FILED

352-376-5361









Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, Florida 32324

RE: 2005 For Profit Corporation Annual Report (AR) Document # 124407

Dear Sirs,

I want to apologize to you to begin this letter. We were never sent and annual report document to renew as we have been sent since 1990. We have filed one every year since we have been in business. I can't explain, what went wrong this year. The first time we thought of it is when received the attached post card of Notice of Intent to Dissolve. To say the least it took our breath away. I have no idea who may be at fault, but please don't penalize us for something that we never received. Thank you very for taking this matter under consideration. Thank you very much for your leniency to us in this matter.

Sincerely,

Marcus A. Milam, III

President, Director & Treasurer

and Mlamour