


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90339 042 ***158.75

DOCUMENT # 524948			
1. Entity Name AKIN-DAVIS FUNERAL HOMES, INC.			
Principal Place of Business 560 E. HICKPOCHEE AVENUE LABELLE, FL 33935-5072		Mailing Address 560 E. HICKPOCHEE AVENUE LABELLE, FL 33935-5072	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AKIN, DNIALE W 560 E. HICKPOCHEE AVENUE LABELLE, FL 33935-5072		Name DANIEL W. AKIN	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LUTHER C	NAME	Daniel W. Akina
STREET ADDRESS	438 S SUGARLAND HWY	STREET ADDRESS	560 E. Hickpochee Avenue
CITY-ST-ZIP	CLEWISTON, FL 00000,	CITY-ST-ZIP	LaBelle, FL 33935-5072
TITLE	ST <input type="checkbox"/> Delete	TITLE	V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIN, CECIL O	NAME	Cecil O. Akin
STREET ADDRESS	560 E HICKPOCHEE	STREET ADDRESS	560 E. Hickpochee Avenue
CITY-ST-ZIP	LABELLE, FL 00000,	CITY-ST-ZIP	LaBelle, FL 33935-5072
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIN, DANIEL W	NAME	
STREET ADDRESS	560 E HICKPOCHEE AVE	STREET ADDRESS	
CITY-ST-ZIP	LABELLE, FL 33935	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Daniel W. Akina - Daniel W. Akina</u>		Date	4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	863-675-2125
		Date	Daytime Phone #

24047409



04132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1723827 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required