


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000111167

1. Entity Name
CLEARWATER FUNERAL HOME AT BELCHER INC



Principal Place of Business
2966 BELCHER ROAD
DUNEDIN, FL 34698

Mailing Address
2510 SUNSET POINT RD
CLEARWATER, FL 33765



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3757181 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCALISI, CHARLES
2510 SUNSET POINT RD
CLEARWATER, FL 33765

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCALISI, CHARLES 2510 SUNSET POINT RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCALISI, TRACEY 2510 SUNSET POINT RD CLEARWATER, FL 33765
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03/31/05-80021-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  CHARLES SCALISI 3-28-05 727-799-3898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #