2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068355

Name:

Address:

City-St-Zip:

FILED Feb 01, 2008 Secretary of State

Entity Name: FUNERARIA PORTA COELI, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ARD COURT E, FL 34744					
Current Mailing Address:			New Mailing Address:			
	ARD COURT E, FL 34744					
FEI Number: 56-2284503 FEI Number Applied For (FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()		Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
2665 HILLIA	TERRY L S ARD CT. E, FL 34744	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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Ager	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ERUSSELL, ROBE 2665 HILLIARD C KISSIMMEE, FL	COURT	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E JUDGE, JAMES 2665 HILLIARD C KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()E DEPPEN, RONAL 2665 HILLIARD C KISSIMMEE, FL	COURT	Title: Name: Address: City-St-Zip:	DEPPEN, RAN 15516 92ND (X) Change ()Addition NDY COURT, NORTH BEACH, FL 33412	
Title: Name: Address: City-St-Zip:	S ()E ROBERTS, TERF 2665 HILLIARD C KISSIMMEE, FL	CT.	Title: Name: Address: City-St-Zip:	S (2 ROBERTS, TE 2665 HILLIAR KISSIMMEE, I	D CT.	
Title	/) F) alata	Title.	ъ () Change (V) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

EDDY, ROBERT M

29215 SADDLEBAG TR.

MYAKKA CITY, FL 34251

SIGNATURE: TERRY LEE ROBERTS S 02/01/2008