

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000025215

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC8165697566**

**Entity Name:** GULF COAST CREMATIONS INC.

**Current Principal Place of Business:**

4111 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34234

**Current Mailing Address:**

4111 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34234

**FEI Number:** 45-1481025

**Certificate of Status Desired:** No

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

JENNINGS, JR., DOUGLAS H  
4111 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34234 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 DP  
Name JENNINGS, DOUGLAS HJR.  
Address 4111 NORTH LOCKWOOD RIDGE ROAD  
City-State-Zip: SARASOTA FL 34234

Title VST  
Name JENNINGS, DEBRA  
Address 4111 NORTH LOCKWOOD RIDGE ROAD  
City-State-Zip: SARASOTA FL 34234

*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:** DOUGLAS H JENNINGS JR

**MGR**

**01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date