


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90310 001 \*1,800.00

<b>DOCUMENT # 278121</b> 1. Entity Name <b>CHAPEL HILL CEMETERY INC</b>					
Principal Place of Business <b>2400 HARRELL RD ORLANDO FL 32817 US</b>				Mailing Address <b>ATTN : SALT PO BOX 11250 NEW ORLEANS LA 70181-1250</b>	
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	
<b>CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS YENT, JR., JACK 1201 S ORLANDO AVE #365 WINTER PARK FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS FRIQU, THOMAS H 1201 S ORLANDO AVE #365 WINTER PARK FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS HEFFRON, BRENT F 1201 S ORLANDO AVE #365 WINTER PRK FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROWE, WILLIAM E 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TRAHAN, LORALICE A 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD BUDDE, KENNETH C 110 VETERAN'S DR. METAIRIE LA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Loralice A. Trahan</b> <b>Asst. Sec./Asst. Treas.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)

4. FEI Number **59-1036850** Applied For ☐ Not Applicable ☐

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

**FL** Zip Code

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

4/19/04

(504) 849-2160

Date

Daytime Phone #

*Attachment* 1010415997  
#278121  
**CHAPEL HILL CEMETERY, INC.**

**Officer Names and Addresses**

Jack Yent, Jr.	President/Asst Secretary	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Brent F. Heffron	Exec Vice Pres/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
William E. Rowe	Vice President	110 Veterans Blvd., Metairie, LA 70005
Michael G. Hymel	Vice President	110 Veterans Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary/Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Kenneth C. Budde	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005
Loralice A. Trahan	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005

**Director Names and Addresses**

William E. Rowe	Director	110 Veterans Blvd., Metairie, LA 70005
Kenneth C. Budde	Director	110 Veterans Blvd., Metairie, LA 70005
Brent F. Heffron	Director	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789

**Registered Agent**

CT Corporation System  
1200 South Pine Island Rd.  
Plantation, Florida 33324