

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317162

FILED
Jan 14, 2005
Secretary of State

Entity Name: FUNERAL SERVICES, INC.

Current Principal Place of Business:

1200 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13407
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-1205307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM H JR.
1200 THOMASVILLE RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CBOD () Delete
Name: TOALE, DAVID V
Address: 40 N. ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: VCOB () Delete
Name: QUATTLEBAUM, EARL
Address: 1201 S. OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL

Title: CEOD () Delete
Name: IRWIN, HARRIET
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BEGGS, ASHLEY P
Address: 301 N. ORANGE STREET
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BLACK, JOANNE H
Address: 103 BROADWAY
City-St-Zip: DAYTONA BEACH, FL 32018

Title: D () Delete
Name: FARLEY, DAVID P
Address: 265 SOUTH NOKOMIS AVENUE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: WILLIAM H. WILLIAMS, JR.

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date