


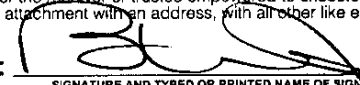
2006 FOR PROFIT CORPORATION ANNUAL REPORT

1052

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317162					
1. Entity Name FUNERAL SERVICES, INC.					
Principal Place of Business 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 13407 TALLAHASSEE, FL 32317		
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 WILLIAMS, WILLIAM H JR. 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CBOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOALE, DAVID V		NAME	300067946523	
STREET ADDRESS	40 N. ORANGE AVENUE		STREET ADDRESS	03/16/06--01007--001 **500.00	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	VCOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUATTLEBAUM, EARL		NAME		
STREET ADDRESS	1201 S. OLIVE AVE.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRWIN, HARRIET		NAME		
STREET ADDRESS	1200 THOMASVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEGGS, ASHLEY P		NAME		
STREET ADDRESS	301 N. ORANGE STREET		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, JOANNE H		NAME		
STREET ADDRESS	103 BROADWAY		STREET ADDRESS	167 Vining Court	
CITY-ST-ZIP	DAYTONA BEACH, FL 32018		CITY-ST-ZIP	Ormond Beach, FL 32176-6642	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARLEY, DAVID P		NAME		
STREET ADDRESS	265 SOUTH NOKOMIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			William H. Williams, Jr. 10-15-2006 850.425.1340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

150.00



02152006 Chg-P CR2E034 (11/05) 06

4. FEI Number 59-1205307 Applied For Not Applicable

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

2ND PAGE Attached

2012

2006 For Profit Corporation Annual Report

2nd Page of 2006 Annual Report

DOCUMENT # 317182

1. Entity Name:

Funeral Services, Inc.

2. Principal Place of Business:

1200 Thomasville Road
Tallahassee, FL 32303

3. Mailing Address:

P.O. Box 13407
Tallahassee, FL 32317

4. FEI Number:

59-1205307

6. Name and Address of Current Registered Agent:

Williams, William H. Jr.
1200 Thomasville Road
Tallahassee, FL 32303

7. Name and Address of New Registered Agent

Name			
Address			
City	State	Zip	

12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title	P/D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	William H. Williams, Jr.		Name		
St. Address	1200 Thomasville Road		St. Address		
City-St-Zip	Tallahassee, FL 32303		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Dolores Garcia		Name		
St. Address	100 South Ashley Drive, FL4015 Ste 1000		St. Address		
City-St-Zip	Tampa, FL 33602		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Andrew J. Hafer		Name		
St. Address	2407 South Dundee Street		St. Address		
City-St-Zip	Tampa, FL 33629		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Judith Ralph		Name		
St. Address	7001 Northwest 4th Street		St. Address		
City-St-Zip	Plantation, FL 33317		City-St-Zip		
Title	D	<input type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Kenneth L. Roberson		Name		
St. Address	2151 Tamiami Trail		St. Address		
City-St-Zip	Port Charlotte, FL 33948		City-St-Zip		