

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


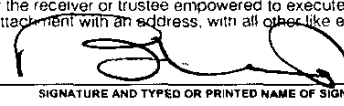
**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90009 026 \*\*\*150.00

40015801



02082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 317162</b>					
1. Entity Name <b>FUNERAL SERVICES, INC.</b>					
Principal Place of Business <b>1200 THOMASVILLE RD. TALLAHASSEE, FL 32303</b>			Mailing Address <b>P.O. BOX 13407 TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1205307</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILLIAMS, WILLIAM H JR. 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD TOALE, DAVID V 40 N. ORANGE AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2918 Ave E. Holmes Beach, FL 34218-1985 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB QUATTLEBAUM, EARL 1201 S. OLIVE AVE. WEST PALM BEACH, FL <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	CEOD IRWIN, HARRIET 1200 THOMASVILLE ROAD TALLAHASSEE, FL 32303 <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	D BEGGS, ASHLEY P 301 N. ORANGE STREET MADISON, FL 32340 <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	D BLACK, JOANNE H 167 VINING COURT ORMOND BEACH, FL 321766642 <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	D FARLEY, DAVID P 265 SOUTH NOKOMIS AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	720 Cadiz Road Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			W. H. Williams, Jr. 2-8-07 850.425.1340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT  
40015801  
#317162

2007 For Profit Corporation Annual Report

2nd Page of 2007 Annual Report

DOCUMENT # 317162

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  
Name William H. Williams, Jr.  
St. Address 1200 Thomasville Road  
City-St-Zip Tallahassee, FL 32303

☐ DELETE

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title D  
Name Dolores Garcia  
St. Address 100 South Ashley Drive, FL4015 Ste 1000  
City-St-Zip Tampa, FL 33602

☐ DELETE

Title ☒ Change ☐ Addition  
Name  
St. Address 1753 Pinnacle Drive Mail Code VA 1993  
City-St-Zip McLean, VA 22102

Title D  
Name Andrew J. Hafer  
St. Address 2407 South Dundee Street  
City-St-Zip Tampa, FL 33629

☐ DELETE

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title D  
Name Judith Ralph  
St. Address 7001 Northwest 4th Street  
City-St-Zip Plantation, FL 33317

☐ DELETE

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip

Title D  
Name Kenneth L. Roberson  
St. Address 2151 Tamiami Trail  
City-St-Zip Port Charlotte, FL 33948

☐ DELETE

Title ☐ Change ☐ Addition  
Name  
St. Address  
City-St-Zip