


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-13-2007 90009 026 ***150.00

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
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40015801



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 59-1205307	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, WILLIAM H JR. 1200 THOMASVILLE RD. TALLAHASSEE, FL 32303		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.

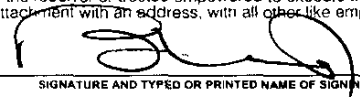
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	VCOD QUATTLEBAUM, EARL 1201 S. OLIVE AVE. WEST PALM BEACH, FL <input type="checkbox"/> Delete
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	D BEGGS, ASHLEY P 301 N. ORANGE STREET MADISON, FL 32340 <input type="checkbox"/> Delete
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	D FARLEY, DAVID P 265 SOUTH NOKOMIS AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2918 Ave E. Holmes Beach, FL 34218-1985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 Cadiz Road Venice, FL 34285

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

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
Name
St. Address
City-St-Zip

Change Addition

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

DELETE

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

Change Addition

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

DELETE

Title
Name
St. Address
City-St-Zip

Change Addition

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

DELETE

Title
Name
St. Address
City-St-Zip

Change Addition

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

DELETE

Title
Name
St. Address
City-St-Zip

Change Addition