

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 437895

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: TRUSTED FUNERAL PLANS, 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: 59-352582      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: D      ( ) Delete  
Name: TOALE, DAVID V.  
Address: 40 N. ORANGE AVENUE  
City-St-Zip: SARASOTA, FL 34236

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

Title: PT      ( ) Delete  
Name: WILLIAMS, WILLIAM H JR  
Address: 1200 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: QUATTLEBAUM, G. EARL  
Address: 1201 S. OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S      (X) Change ( ) Addition  
Name: IRWIN, HARRIET  
Address: 1200 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DPT      (X) Change ( ) Addition  
Name: WILLIAMS, WILLIAM H JR  
Address: 1200 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

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