

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90120 010 \*\*\*160.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 437895**  
 1. Entity Name  
**TRUSTED FUNERAL PLANS, INC.**



**90056591**

Principal Place of Business  
 1200 THOMASVILLE RD.  
 TALLAHASSEE, FL 32303

Mailing Address  
 P.O. BOX 13407  
 TALLAHASSEE, FL 32317



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3525582**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**IRWIN, HARRIET C**  
 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: *[Signature]* DATE: **3-17-03**

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOALE, DAVID V. 40 N. ORANGE AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRWIN, HARRIET 1200 THOMASVILLE RD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITFIELD, MEIKO H 1200 THOMASVILLE RD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUATTLEBAUM, G. EARL 1201 S. OLIVE AVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* DATE: **3-17-03** 850-425-1340

*Please see attached Declaration & Deletion*

CH2E034 (10/02)

ATTACHMENT  
90056591  
Doc # 437895

PROFIT CORPORATION  
ANNUAL REPORT (UBR)  
YEAR: 2003

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DOCUMENT # 437895

1. Corporation Name:  
Trusted Funeral Plans, 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:  
59-3525582

6. Name and Address of Current Registered Agent:  
Irwin, Harriet C.  
1200 Thomasville Road  
Tallahassee, FL 32303

7. Name and Address of New Registered Agent  
Name Williams, Jr., W. William H.  
Address 1200 Thomasville Road  
City Tallahassee State FL Zip 32303

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

Signature [Signature] Date 3-17-03  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title D  
Name Toale, David V.  
St. Address 40 N. Orange Avenue  
City-St-Zip Sarasota, FL 34236  
 DELETE

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

Title P/D  
Name Irwin, Harriet  
St. Address 1200 Thomasville Road  
City-St-Zip Tallahassee, FL 32303  
 DELETE

Title D/S  
Name  
St. Address  
City-St-Zip  
 Change  Addition

Title S  
Name Whitfield, Meiko  
St. Address 1200 Thomasville Road  
City-St-Zip Tallahassee, FL 32303  
 DELETE

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

Title D  
Name Quattlebaum, G. Earl  
St. Address 1201 S. Olive Ave  
City-St-Zip West Palm Beach, FL 33401  
 DELETE

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

Title  
Name  
St. Address  
City-St-Zip  
 DELETE

Title President/Treasurer  
Name Williams, Jr., William H.  
St. Address 1200 Thomasville Road  
City-St-Zip Tallahassee, FL 32303  
 Change  Addition

William H. Williams, Jr., Registered Agent

Date: 3-17-03

(850) 425-1340