

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493263

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** FOREST MEADOWS FUNERAL HOME & CEMETERIES, INC.

**Current Principal Place of Business:**

725 NW 23RD AVE  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

725 NW 23RD AVE  
GAINESVILLE, FL 32609 US

**New Mailing Address:**

**FEI Number:** 59-1733767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, JON C  
2615 NE 17TH TERR  
GAINESVILLE, FL 32609 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: CEO ( ) Delete  
Name: THOMAS, JON C  
Address: 5351 TRIMBRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: CEO (X) Change ( ) Addition  
Name: THOMAS, JON C  
Address: 4922 NW 62ND STREET  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JON C. THOMAS

CEO

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date