

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 502319

1. Entity Name

VOLUSIA COUNTY CREMATION SOCIETY, INC.



FILED
04 APR 14 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business 1425 BELLEVUE AVE. DAYTONA BEACH FL 32114	Mailing Address ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 TAMPA FL 33602
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 100 North Tampa Street Suite, Apt. #, etc. Suite 4100 City & State Tampa, FL Zip 33602
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4. FEI Number 59-2503437	Applied For <input type="checkbox"/> Not Applicable
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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

**HOLLAND & KNIGHT, LLP
ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, STE 2300
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa Street, Suite 4100

City **Tampa** FL Zip Code **33602**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	P TIMMER, WILLARD I 1428 BELLEVUE AVENUE DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMMER, MARILYN 1428 BELLEVUE AVENUE DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R STEPHENS, JAMES T 1425 BELLEVUE AVENUE DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECE STPHENS, JAMES T 400 NORTH ASHLEY DRIVE, STE 2300 TAMPA FL 33602 <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 300033449313 04/21/04--01060--008 **150.00
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 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)(i), 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: *James T Stephens/Receiver* Date _____ Daytime Phone # _____