

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90011 042 \*\*\*550.00

**DOCUMENT # 502319**

1. Entity Name  
VOLUSIA COUNTY CREMATION SOCIETY, INC.



Principal Place of Business  
1425 BELLEVUE AVE.  
DAYTONA BEACH, FL 32114

Mailing Address  
100 NORTH TAMPA ST  
STE 4100  
TAMPA, FL 33602

14019359



2. Principal Place of Business  
1203 Venitia Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1203 Venitia Drive  
Suite, Apt. #, etc.

08292005 Chg-P CR2E034 (10/03)

City & State  
Spring Hill, FL

City & State  
Spring Hill, FL

4. FEI Number  
59-2503437

Applied For  
Not Applicable

Zip  
34608

Country  
USAA

Zip  
34608

Country  
USA

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

**6. Name and Address of Current Registered Agent**

HOLLAND & KNIGHT, LLP  
100 N TAMPA ST  
STE 4100  
TAMPA, FL 33602

**7. Name and Address of New Registered Agent**

Name  
JAMES T. STEPHENS

Street Address (P.O. Box Number is Not Acceptable)

1203 Venitia Drive

City  
Spring Hill, FL

FL

Zip Code  
34608

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 *James T. Stephens Receiver*

James T. Stephens, Receiver

September 2, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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  
P  
TIMMER, WILLARD I  
1428 BELLEVUE AVENUE  
DAYTONA BEACH, FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TIMMER, MARILYN  
1428 BELLEVUE AVENUE  
DAYTONA BEACH, FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
R  
STEPHENS, JAMES T  
1425 BELLEVUE AVENUE  
DAYTONA BEACH, FL 32114 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RECE  
STPHENS, JAMES T  
400 NORTH ASHLEY DRIVE, STE 2300  
TAMPA, FL 33602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RECEIVER  
STEPHENS, JAMES T.  
1203 VENITIA DRIVE  
SPRING HILL, FL 34608 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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*  
James T. Stephens, Receiver

9/2/05

904-753-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #