2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538245

BROWNLIE-MAXWELL FUNERAL HOME. P. A

FILED Jan 05, 2008 Secretary of State

Entity Nan	ne: BROWNL	IE-MAXWELL FUNERAL HOW	IE, P. A.				
Current Pi	incipal Place	of Business:	New Princ	New Principal Place of Business:			
	LMETTO AVE NE, FL 32901	US					
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
	LMETTO AVE NE, FL 32901						
FEI Number:	59-1749691	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1010 E. PA	E, MICHAEL C LLMETTO AVE NE, FL 32901		1010 E. PA	BROWNLIE, MICHAEL C 1010 E. PALMETTO AVE. MELBOURNE, FL 32901 US			
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered of	fice or registered agent, or b	oth,	
SIGNATUR	RE: MICHAEL	C. BROWNLIE			01/05/2008		
	Electron	ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () BROWNLIE, MIC 1010 E. PALME MELBOURNE, F	TTO AVE.	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () MAXWELL, GRI 1010 E. PALME MELBOURNE, F	TTO AVE.	Title: Name: Address: City-St-Zip:	PD (X) MAXWELL, GRE 1010 E. PALME MELBOURNE, F	ITO AVE.		
Title: Name: Address: City-St-Zip:	T () MAXWELL, BEF 1010 E PALMET MELBOURNE, F	TO AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title:	S ()	Delete	Title:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL C. BROWNLIE MGR 01/05/2008

BROWNLIE, V CONGER,

1010 E PALMETTO AVE

MELBOURNE, FL 32901 US

Name:

Address:

City-St-Zip: