

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600359

FILED
Mar 10, 2009
Secretary of State

Entity Name: DALE WOODWARD & SON FUNERAL HOMES, INC.

Current Principal Place of Business:

167 RIDGEWOOD AVE.
HOLLY HILL, FL 321175040 US

New Principal Place of Business:

Current Mailing Address:

167 RIDGEWOOD AVE.
HOLLY HILL, FL 321175040 US

New Mailing Address:

FEI Number: 59-1207556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, MARILYN C
167 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117 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: PD () Delete
Name: WOODWARD, MARILYN C
Address: 1163 N. HALIFAX AVE
City-St-Zip: DAYTONA BCH., FL

Title: ST () Delete
Name: WOODWARD, MARILYN
Address: 1163 N. HALIFAX AVE
City-St-Zip: DAYTONA BCH., FL

Title: VP () Delete
Name: WOODWARD, TRACY
Address: 1163 N HALIFAX AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP () Delete
Name: WOODWARD, DALE D JR
Address: 167 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: VP () Delete
Name: VANEST, KELLY W
Address: 102 WINDWARD LN
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARILYN WOODWARD

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date