

FILED
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Secretary of State

04-14-2006 90132 037 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #602880

1. Entry Name
STRUNK FUNERAL HOMES, P. A.

Principal Place of Business: % GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD. POST OFFICE BOX 3686 VERO BEACH, FL 32963-8745
Mailing Address: % GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD. POST OFFICE BOX 3686 VERO BEACH, FL 32963-8745

2. Principal Place of Business: Same, Apt. #, etc.
3. Mailing Address: Same, Apt. #, etc.

City & State: [Blank] City & State: [Blank]
Zip: [Blank] Country: [Blank] Zip: [Blank] Country: [Blank]

4. FEI Number: 59-1352474 Applied For: [Not Applicable]

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

6. Name and Address of Current Registered Agent: COLLINS, GEORGE G., JR. 756 BEACHLAND BOULEVARD VERO BEACH, FL 32960
7. Name and Address of New Registered Agent: [Blank]

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: [Blank] DATE: [Blank]

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS: [Table with columns for Title, Name, Street Address, City, State, Zip, and a checkbox for Delete]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: [Table with columns for Title, Name, Street Address, City, State, Zip, and checkboxes for Change and Addition]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a power like empowered.

SIGNATURE: [Handwritten Signature] 3/23/06 772-568-2925
Date: [Blank] Name: [Blank]

40048288



03202008 Chg-P CR2E034 (11/05)

FL Zip Code

SIGNATURE: [Handwritten Signature] EMPLOYEE ID/TYED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06 772-568-2925
Date Name