

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 603637

1. Entity Name
THOMAS J. BRETT FUNERAL HOME, INC.



FILED
Jul 07, 2004 08:00 AM
Secretary of State

Principal Place of Business
**4810 CENTRAL AVE
ST. PETERSBURG, FL 33711-1044**

Mailing Address
**4810 CENTRAL AVE
ST. PETERSBURG, FL 33711-1044**



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1402468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRETT, TIMOTHY T
4810 CENTRAL AVE.
ST PETERSBURG, FL 33711**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRETT, TIMOTHY T. 4810 CENTRAL AVE. ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BRETT, TERRENCE E. 4810 CENTRAL AVENUE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETT, GAIL W 4810 CENTRAL AVE ST. PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/04-80024-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Gail W. Brett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04
Date

(727) 321-3321
Daytime Phone #