


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 603637 1. Entity Name THOMAS J. BRETT FUNERAL HOME, INC.		
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		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	BRETT, TIMOTHY T.	
STREET ADDRESS	4810 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	SDT	
NAME	BRETT, TERRENCE E.	
STREET ADDRESS	4810 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	
NAME	BRETT, GAIL W	
STREET ADDRESS	4810 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: <u>Gail W. Brett</u> <u>GAIL W. BRETT</u> <u>1-20-06</u> <u>(727) 321 3321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1402468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/26/06-80042-019 150.00

DO NOT WRITE
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