


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 603637 1. Entity Name THOMAS J. BRETT FUNERAL HOME, INC.	
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Principal Place of Business 4810 CENTRAL AVE ST. PETERSBURG, FL 33711-1044	Mailing Address 4810 CENTRAL AVE ST. PETERSBURG, FL 33711-1044
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1402468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/12/07-80008-018 150.00

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IN THIS SPACE**

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:  **1-5-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #