

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603637

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** THOMAS J. BRETT FUNERAL HOME, INC.

**Current Principal Place of Business:**

4810 CENTRAL AVE  
ST. PETERSBURG, FL 337111044

**New Principal Place of Business:**

**Current Mailing Address:**

4810 CENTRAL AVE  
ST. PETERSBURG, FL 337111044

**New Mailing Address:**

**FEI Number:** 59-1402468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRETT, TIMOTHY T.  
Address: 4810 CENTRAL AVE.  
City-St-Zip: ST PETERSBURG, FL

Title: SDT  
Name: BRETT, TERRENCE E.  
Address: 4810 CENTRAL AVENUE  
City-St-Zip: ST PETERSBURG, FL

Title: D  
Name: BRETT, GAIL W  
Address: 4810 CENTRAL AVE  
City-St-Zip: ST. PETERSBURG, FL

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY BRETT

PRES

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date