2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90020 039 ***150.00

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1. Entity Name

DANIELS FUNERAL HOMES & CREMATORY, INC.

Principal Place of Business	Mailing Address
416 E HOWARD ST LIVE OAK FL 32064 US	PO BOX 786 LIVE OAK FL 32064 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1126 OHIO AVE., NORTH		1126 OHIO AVE., NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LIVE OAK, FL		City & State: LIVE OAK, FL	
Zip: 32064	Country: USA	Zip: 32064	Country: USA

4. FEI Number 59-1992395 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, JAMES B. III
416 E HOWARD ST
LIVE OAK FL 32064

7. Name and Address of New Registered Agent

Name: JAMES B. DANIELS, III
Street Address (P.O. Box Number is Not Acceptable): 1126 OHIO AVE., NORTH
City: LIVE OAK FL Zip Code: 32064

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] DATE: 2-25-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	DANIELS, JAMES B. III		NAME	DANIELS, JAMES B. III	
STREET ADDRESS	416 E HOWARD ST		STREET ADDRESS	1126 OHIO AVE., NORTH	
CITY-ST-ZIP	LIVE OAK FL 32064		CITY-ST-ZIP	LIVE OAK, FL 32064	
TITLE	STD	☐ Delete	TITLE	STD	☒ Change ☐ Addition
NAME	DANIELS, KEITH W		NAME	DANIELS KEITH W.	
STREET ADDRESS	416 E HOWARD ST		STREET ADDRESS	1126 OHIO AVE., NORTH	
CITY-ST-ZIP	LIVE OAK FL 32064		CITY-ST-ZIP	LIVE OAK, FL 32064	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Date: 2-25-08 Daytime Phone #: 386-362-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR