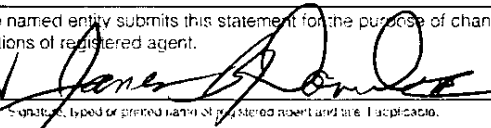
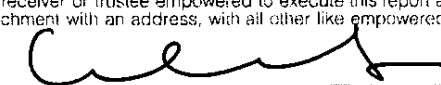


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90020 039 ***150.00

DOCUMENT # 659750 1. Entity Name DANIELS FUNERAL HOMES & CREMATORY, INC.					
Principal Place of Business 416 E HOWARD ST LIVE OAK FL 32064 US			Mailing Address PO BOX 786 LIVE OAK FL 32064 US		
2. Principal Place of Business - No P.O. Box # 1126 OHIO AVE., NORTH Suite, Apt. #, etc.		3. Mailing Address 1126 OHIO AVE., NORTH Suite, Apt. #, etc.			
City & State LIVE OAK, FL		City & State LIVE OAK, FL		4. FEI Number 59-1992395 Applied For ☐ Not Applicable ☐	
Zip 32064	Country USA	Zip 32064	Country USA	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  DATE 2-25-08 (Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rechartering.)					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, JAMES B. III 416 E HOWARD ST LIVE OAK FL 32064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, JAMES B. III 1126 OHIO AVE., NORTH LIVE OAK, FL 32064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANIELS, KEITH W 416 E HOWARD ST LIVE OAK FL 32064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANIELS, KEITH W. 1126 OHIO AVE., NORTH LIVE OAK, FL 32064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
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: 			2-25-08 386-362-4333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		