

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 667467

1. Entity Name
CARTHAGE CHAPEL FUNERAL HOME, INC.



Principal Place of Business
929 W. BEAVER ST
JACKSONVILLE, FL 32204 US

Mailing Address
P. O. BOX 2412
JACKSONVILLE, FL 32203 US

FILED
Aug 01, 2005 08:00 AM
Secretary of State



07042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1997104
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEELE, KENNETH JR
929 WEST BEAVER ST
PO BOX 2412
JACKSONVILLE, FL 32203

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	PEELE, SHARON L
STREET ADDRESS	4336 ROTH DRIVE, SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	PEELE, KENNETH JR
STREET ADDRESS	1234 TURTLE CREEK DR. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VPD
NAME	PEELE-PITTS, GAYLE
STREET ADDRESS	3339 FRANKLIN AVENUE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/05-80014-002 558.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth Peele* **KENNETH PEELE JR** **JULY 29, 2005(904) 354-0545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #