



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 667467 1. Entity Name CARTHAGE CHAPEL FUNERAL HOME, INC.	
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Principal Place of Business 929 W. BEAVER ST JACKSONVILLE, FL 32204 US	Mailing Address P. O. BOX 2412 JACKSONVILLE, FL 32203 US
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DO NOT WRITE IN THIS SPACE

	
01242007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-1997104	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

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	ST PEELE, SHARON L 4336 ROTH DRIVE, SOUTH JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEELE, KENNETH JR 1234 TURTLE CREEK DR. N. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PEELE-PITTS, GAYLE 3339 FRANKLIN AVENUE 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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02/05/07-80051-007 158.75

**DO NOT WRITE
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:  **KENNETH PEELE JR** 1-23-2007 904 3546545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #