

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 675128

1. Entity Name
VINSON FUNERAL HOME, INC.



Principal Place of Business
**456 EAST TARPON AVENUE
PO BOX 1395
TARPON SPRINGS, FL 34689 US**

Mailing Address
**P.O. BOX 1395
PO BOX 1395
TARPON SPRINGS, FL 34688-1395 US**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2002667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VINSON, DANIEL B
456 E TARPON AVE
TARPON SPRINGS, FL 34689**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	VINSON, DANIEL B
STREET ADDRESS	456 E TARPON AVE
CITY-ST-ZIP	TARPON SPRG, FL 00000, 34689
TITLE	VS
NAME	KISSINGER, LISA C
STREET ADDRESS	456 E TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000469889
03/27/06-80020-008 150.00

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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:

Daniel B. Vinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06
Date

Daytime Phone #