


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 675387 1. Entity Name CHARLES E. DAVIS FUNERAL HOME, INC. |  |
|--|---|

Principal Place of Business
3075 S. FLORIDA AVE.
INVERNESS, FL 34450 US

Mailing Address
3075 S. FLORIDA AVE.
INVERNESS, FL 34450 US



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-2006430 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

DAVIS, CHARLES E
3075 S. FLORIDA AVE.
INVERNESS, FL 34450

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

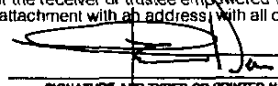
| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DAVIS, CHARLES E. 3075 S. FLORIDA AVE. INVERNESS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DAVIS, LOU ELLEN 3075 S. FLORIDA AVE. INVERNESS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000576856
01/05/07-80003-006 150.00

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 04 2007

Date

352-726-8323

Daytime Phone #