

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693428

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: BOYD'S FUNERAL HOME, INC.

## Current Principal Place of Business:

6400 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

6400 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024

## New Mailing Address:

FEI Number: 59-2104632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYD, KATHERINE E  
6901 S.W. 14TH STREET  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOYD, PATRICK M  
Address: 20411 NW 4 STREET  
City-St-Zip: PEMBROKE PINES, FL 00000,

Title: VD ( ) Delete  
Name: BOYD, LAURENCE P  
Address: 2001 NW 82 AVE  
City-St-Zip: PEMBROKE PINES, FL

Title: TSD ( ) Delete  
Name: BOYD, KATHERINE E  
Address: 6901 SW 14 STREET  
City-St-Zip: PEMBROKE PINES, FL

Title: SD ( ) Delete  
Name: BOYD, KATHERINE,  
Address: 6901 S W 14TH ST  
City-St-Zip: PEMBROKE PINES, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOYD, PATRICK M  
Address: 20411 NW 4 STREET  
City-St-Zip: PEMBROKE PINES,, FL 33029

Title: VD (X) Change ( ) Addition  
Name: BOYD, LAURENCE P  
Address: 6901 S W 14TH ST  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TSD (X) Change ( ) Addition  
Name: BOYD, LAURENCE P  
Address: 6901 SW 14 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD (X) Change ( ) Addition  
Name: BOYD, LAURENCE P  
Address: 6901 S W 14TH ST  
City-St-Zip: PEMBROKE PINES,, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK M. BOYD

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date