## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 823358** 

Entity Name: AURORA CASKET COMPANY INC

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Princ	ipal Place of Business:
10944 MAR AURORA, I				
Current Mailing Address:			New Maili	ng Address:
P.O. BOX 29 AURORA, IN 47001				
FEI Number: 35-0154890 FEI Number Applied For ( ) FEI Number			umber Not Appl	icable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US				
The above in the State		submits this statement for the purpose	of changing i	ts registered office or registered agent, or both,
SIGNATURE:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DS () BARROTT, JOH 814 HUNTERSH CINCINNATI, OI	NOLL	Title: Name: Address: City-St-Zip:	DV (X) Change ( ) Addition BARROTT, JOHN C VP 814 HUNTERSKNOLL CINCINNATI, OH 45230
Title: Name: Address: City-St-Zip:	, ,	Delete WILLIAM D DIR 7001	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DV () HEINTZ, THOM. 8526 SAINT IVE CINCINNATI, OI	S PLACE	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition HEINTZ, THOMAS W T 8526 SAINT IVES PLACE CINCINNATI, OH 45255
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BARROTT III, WILLIAM E DIR 5055 BRIARWOOD AVE AURORA, IN 47001
Title: Name: Address: City-St-Zip:	DV () BACKMAN III, V 5425 BRIARWO AURORA, IN 43	OOD AVE	Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition BACKMAN III, WILLIAM D PRES 5425 BRIARWOOD AVE AURORA, IN 47001
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DS () Change (X) Addition WILLIAM, BARROTT J S 2641 BAYHILL CINCINNATI, OH 45233

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS W. HEINTZ T 04/27/2005