


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005476
 1. Entity Name
ADVANCED FUNERAL PLANNING, INC.



Principal Place of Business 990 CAPE MARCO DR. APT. 1005 MARCO ISLAND, FL 34145	Mailing Address 990 CAPE MARCO DR. APT. 1005 MARCO ISLAND, FL 34145
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DO NOT WRITE IN THIS SPACE



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2025348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOFFZE, JOHN
 840 S. COLLIER BLVD.
 UNIT 701
 MARCO ISLAND, FL 34145

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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000001424PPE 04/30/04-80050-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOFFZE, BARRY 990 CAPE MARCO DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOFFZE, RUTH 990 CAPE MARCO DR. MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: X Barry L. Noffze X 5-28-04 239-642-6035
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #