

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F34347

1. Entity Name

AMERICAN BURIAL AND CREMATION COMPANY



FILED

04 APR 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2966 BELCHER ROAD NORTH
PALM HARBOR, FL 34683 US

Mailing Address

ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, SUITE 2300
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

100 North Tampa Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4100

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33602

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1711719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAND & KNIGHT, LLP
ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, SUITE 2300
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

100 North TAMPA St. Suite 4100

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME WALSH, MARILYN JEAN
STREET ADDRESS 458 VILLAGE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ST ☐ Delete

NAME WALSH, MICHEAL P
STREET ADDRESS 458 VILLAGE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE RECE ☐ Delete

NAME STEPHENS, JAMES T
STREET ADDRESS 400 NORTH ASHLEY DRIVE, STE 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME 400033448724
STREET ADDRESS 04/21/04--01060--003 **\$150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #