

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 039 ***550.00

DOCUMENT # F34347

1. Entity Name
AMERICAN BURIAL AND CREMATION COMPANY



Principal Place of Business
**2966 BELCHER ROAD NORTH
PALM HARBOR, FL 34683 US**

Mailing Address
**100 NORTH TAMPA ST
STE 4100
TAMPA, FL 33602**

14015500

2. Principal Place of Business
1203 Venitia Drive

3. Mailing Address
1203 Venitia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08292005 Chg-P CR2E034 (10/03)

City & State
Spring Hill, FL

City & State
Spring Hill, FL

4. FEI Number
59-1711719

Applied For
☐ Not Applicable

Zip
34608

Country
USA

Zip
34608

Country
USA

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
100 NORTH TAMPA ST
STE 4100
TAMPA, FL 33602**

Name
JAMES T. STEPHENS

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

1203 Venitia Drive

City
Spring Hill, FL

FL Zip Code
34608

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 *James T. Stephens Receiver* **James T. Stephens, Receiver** **September 2, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**P
WALSH, MARILYN J
458 VILLAGE DRIVE
TARPON SPRINGS, FL 34689** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RECEIVER
STEPHENS, JAMES T.
1203 VENITIA DRIVE
SPRING HILL, FL 34608** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 *James T. Stephens Receiver* **James T. Stephens, Receiver**

9/2/05 904/753-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #