## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2004 08:00 AM Secretary of State DOCUMENT # F87760 1. Entity Name QUATTLEBAUM FUNERAL HOME, INC. Principal Place of Business Mailing Address 1201 S OLIVE AVE 1201 S OLNE AVE W PALM BCH, FL 33401 W PALM BCH, FL 33401 No Chg-P 01062004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent QUATTLEBAUM, GARY E DO NOT WRITE 1201 SOUTH OLIVE AVENUE W PALM BCH, FL IN THIS SPACE WEST PALM BEACH, FL 33401 a. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees **OFFICERS AND DIRECTORS** 10. PRES TITLE QUATTLEBAUM, GARY E NAME U000000011309 STREET ADDRESS 1201 SOUTH OLIVE AVENUE 01/23/04-80031-021 150.00 CITY-ST-ZIP WEST PALM BEACH, FL TREA TITI E SCHIFFMAN, GALE Q NAME STREET ADDRESS 1201 SOUTH OLIVE AVENUE CITY-ST-ZIP WEST PALM BEACH, FL QUATTLEBAUM, GREGORY M NAME STREET ADDRESS 1201 SOUTH OLIVE AVE DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 executivities 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 earliess, with all effect like impossibled.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Gary E.Quattlebaum, President

01/20/2004

Date

Daytime Phone #

**FILED**