

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F87760	
1. Entity Name QUATTLEBAUM FUNERAL HOME, INC.	

Principal Place of Business 1201 S OLIVE AVE W PALM BCH, FL 33401	Mailing Address 1201 S OLIVE AVE W PALM BCH, FL 33401
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUATTLEBAUM, GARY E 1201 SOUTH OLIVE AVENUE W PALM BCH, FL WEST PALM BEACH, FL 33401
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

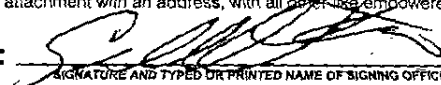
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000385556
01/18/06-80021-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES QUATTLEBAUM, GARY E 1201 SOUTH OLIVE AVENUE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SCHIFFMAN, GALE Q 1201 SOUTH OLIVE AVENUE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUATTLEBAUM, GREGORY M 1201 SOUTH OLIVE AVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, 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

January 9, 2006 561-83
Date Daytime Phone #

Gary E. Quattlebaum