

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005397

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: AARON CREMATION AND BURIAL SERVICES, INC.

## Current Principal Place of Business:

6107 MIRAMAR PARKWAY  
MIRAMAR, FL 33023 US

## New Principal Place of Business:

## Current Mailing Address:

6301 TAFT STREET  
PO BOX 816969  
HOLLYWOOD, FL 33081 US

## New Mailing Address:

FEI Number: 35-1872531 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINN, KEVIN G  
6301 TAFT STREET  
HOLLYWOOD, FL 33024 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: QUINN, KEVIN  
Address: 6301 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33081

Title: V ( ) Delete  
Name: QUINN, JOHN  
Address: 6301 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33081

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN QUINN

P

01/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date