

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # G50768

1. Entity Name

PINECREST FUNERAL CHAPEL, INC.



Principal Place of Business

15010 CORTEZ BLVD
BROOKSVILLE FL 34613

Mailing Address

15010 CORTEZ BLVD
BROOKSVILLE FL 34613



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2323773

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

MCCAUL, DOUGLAS A
15010 CORTEZ BLVD
BROOKSVILLE FL 34613-3068

Name

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

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCCAUL, DOUGLAS A ☐ Delete
STREET ADDRESS 15004 MIDDLE FAIRWAY DR
CITY- ST- ZIP BROOKSVILLE FL 34609

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000730531 ☐ Change ☐ Addition
05/08/07-80085-002 150.00

TITLE STD
NAME MCCAUL, VELVA D ☐ Delete
STREET ADDRESS 15004 MIDDLE FAIRWAY DR
CITY- ST- ZIP BROOKSVILLE FL 34609

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

TITLE VD
NAME ARKON, DENISE M ☐ Delete
STREET ADDRESS 14254 HERRING HOLLOW
CITY- ST- ZIP SPRING HILL FL 34609

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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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 exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas A McCaul STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

(352) 796-1654

Daytime Phone #