

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90018 026 \*\*\*158.75

**DOCUMENT # G50768**

1. Entity Name  
PINECREST FUNERAL CHAPEL, INC.



40102173

Principal Place of Business  
15010 CORTEZ BLVD  
BROOKSVILLE, FL 34613

Mailing Address  
15010 CORTEZ BLVD  
BROOKSVILLE, FL 34613



**DO NOT WRITE IN THIS SPACE**

04192008 No Chg-P CR2E034 (11/05)

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**

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCCAUL, DOUGLAS A
STREET ADDRESS	15004 MIDDLE FAIRWAY DR
CITY - ST - ZIP	BROOKSVILLE, FL 34609
TITLE	STD
NAME	MCCAUL, VELVA D Deceased
STREET ADDRESS	15004 MIDDLE FAIRWAY DR
CITY - ST - ZIP	BROOKSVILLE, FL 34609
TITLE	VD
NAME	ARKON, DENISE M
STREET ADDRESS	15004 Middle Fairway Dr.
CITY - ST - ZIP	14254 HERRING HOLLOW SPRING HILL, FL 34609 Brooksville, FL 34609
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Douglas A. McCaul* Douglas A. McCaul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

(352) 684-0001

Daytime Phone #