2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # G67319 1. Entity Name H.W. BEYER FUNERAL HOME, INC. Principal Place of Business Mailing Address P.O. BOX 3000 KEY LARGO FL 33037 101640 OVERSEAS HWY KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-2358494 Not Applicat! Country \$8.75 Additional Zısı Country Zιρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEYER, MARILYN JEANNE Street Address (P.O. Box Number is Not Acceptable) 968 SHAW DRIVE KEY LARGO FL 33037 City 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. INDITE Recisioned Agent signature regulard when reinstaling FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ŧū. 11. ☐ Addition TITLE F TITLE Delete BEYER, MARILYN JEANNE NAME MAM STREET ADDRESS STREET ADDRESS. 968 SHAW DRIVE CHY-SI-ZIP KEY LARGO FL CITY-SI-ZIP ☐ Change Addition TITLE ☐ Delete NAME MAMIL STREET ADDRESS STREET ADDRESS CHY-SI-ZIP C07-SI-769 Delete 3010 Change addition [33715 NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZOP CITY - ST-ZIP Deleie ☐ Change ☐ Addition SIJLE MILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete THE 33312 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-219 □ Addition ☐ Delete BLE Change Hitt NAME MARIE STREET ADDRESS STRUET ADDRESS C1TY - S1 - 20P CITY-ST-ZIP

12. Thereby 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 path, that I am an officer or director of the corporation or the receiver or trustee enpowered 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 adulties, with all other like empowered.

SIGNATURE

FILED

3-13-06 305-451-1444