

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79497

FILED
Feb 05, 2009
Secretary of State

Entity Name: ZAHN - STOW FUNERAL HOME, INC.

Current Principal Place of Business:

C/O BRADFORD P. ZAHN
2170 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 334156443

New Principal Place of Business:

Current Mailing Address:

C/O BRADFORD P. ZAHN
2170 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 334156443

New Mailing Address:

FEI Number: 59-2396184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAHN, BRADFORD P.
2170 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33406 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: ZAHN, BRADFORD P.,
Address: 9129 DRPONT PLACE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D () Delete
Name: STOW, BARRY A.,
Address: 22 SOUTHGATE RD
City-St-Zip: EAST SETAUKET, NY 11733

Title: S () Delete
Name: STOW, ELAINE H.,
Address: 22 SOUTHGATE RD
City-St-Zip: SETAUKET, NY 11733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZAHN, BRADFORD P.,
Address: 9129 DUPONT PLACE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D (X) Change () Addition
Name: STOW, BARRY A.,
Address: 22 SOUTHGATE RD
City-St-Zip: SETAUKET, NY 11733

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

I hereby certify that the information supplied with this filing does not qualify 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: BRADFORD P. ZAHN

P

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date