


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # H65211	
1. Entity Name NATIONAL MEMORIAL SERVICE PLAN, INC.	

Principal Place of Business 3815 US HIGHWAY 98, SOUTH LAKELAND, FL 33813	Mailing Address 3815 US HIGHWAY 98, SOUTH LAKELAND, FL 33813
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MINOZZI, WILLIAM M. 3815 US HIGHWAY 98, SOUTH LAKELAND, FL 33813
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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 one if applicable. (NOTE: Registered Agent signature required when reissuing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINOZZI, WILLIAM M. 3815 US HIGHWAY 98, SO. LAKELAND, FL
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04/18/05-80097-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:  **WILLIAM M MINOZZI** **4/14/05** **863.665.1526**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR **D/P** Date Daytime Phone #