

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H76578

1. Entity Name
ABBEY FUNERAL HOME, INC.



Principal Place of Business
4037 N. MONROE ST.
TALLAHASSEE, FL 32303

Mailing Address
C/O HOLLAND & KNIGHT
400 N. ASHLEY DR., STE. 2300
TAMPA, FL 33062

FILED
04 APR 14 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2870777

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEPHENS, JAMES T
C/O HOLLAND & KNIGHT
400 N. ASHLEY DR., STE. 2300
TAMPA, FL 33602

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TIMMER, WILLARD
STREET ADDRESS 121 HORSESHOE TRAIL
CITY-ST-ZIP ORMOND BEACH, FL

TITLE D ☐ Delete
NAME TIMMER, MARILYN J
STREET ADDRESS 121 HORSESHOE TRAIL
CITY-ST-ZIP ORMOND BEACH, FL

TITLE PD ☐ Delete
NAME DIXON, PATRICIA T
STREET ADDRESS 4037 N MONROE ST
CITY-ST-ZIP TALLAHASSEE, FL

TITLE REC ☐ Delete
NAME STEPHENS, JAMES T
STREET ADDRESS C/O 400 N. ASHLEY DR., STE. 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800033449108
CITY-ST-ZIP 04/21/04--01060--006 **150.00

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #