

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90129 024 ***150.00

40048100



03152006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2783282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEILER, JOHN P
2850 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

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, 2006 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	<input type="checkbox"/> Delete
NAME	SEILER, JR., EARNEST E DR	
STREET ADDRESS	2609 NE 37TH ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEILER, ANNE E	
STREET ADDRESS	2609 NE 37 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SEILER, JOHN P	
STREET ADDRESS	2850 N ANDREWS AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEILER, E.E. III MD	
STREET ADDRESS	568 RIO CASA DRIVE NORTH	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEILER COLLAR, KATHERINE	
STREET ADDRESS	209 RIPPLING DRIVE	
CITY-ST-ZIP	MARIETTA, GA 30064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEILER, LISA ANN	
STREET ADDRESS	594 WIMBLEDON ROAD NE #6120	
CITY-ST-ZIP	ATLANTA, GA 30324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seiler, Lisa Ann
STREET ADDRESS	1279 Lanier Boulevard, NE
CITY-ST-ZIP	Atlanta, GA 30306

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: *E. E. Seiler, Jr.* E. E. Seiler, Jr., DVM

3/17/2006

954/564-9756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

~~#J56001~~ 40248103

ATTACHMENT TO 2006 FOR PROFIT
CORPORATION ANNUAL REPORT

BROWARD PET CEMETERY, INC.
DOCUMENT #J56001

ADDITIONAL DIRECTOR:

D

LYNDA SEILER BRADY
1310 E. Washington
Bloomington, IL 61701