


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # J56001 1. Entity Name BROWARD PET CEMETERY, INC.	
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Principal Place of Business 11455 N.W. 8TH ST. PLANTATION, FL 33325	Mailing Address 11455 N.W. 8TH ST. PLANTATION, FL 33325
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2783282	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEILER, JOHN P 2850 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

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, 2007 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	PD SEILER, JR., EARNEST E DR 2609 NE 37TH ST FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEILER, ANNE E 2609 NE 37 ST FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SEILER, JOHN P 2850 N ANDREWS AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEILER, E.E. III MD 568 RIO CASA DRIVE NORTH INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEILER COLLAR, KATHERINE 209 RIPPLING DRIVE MARIETTA, GA 30064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEILER, LISA ANN 1279 LANIER BLVD NE ATLANTA, GA 30306

<p>U000000699326 04/19/07-80038-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Earnest E Seiler, Jr MD 4/6/2007 954-564-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #