

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90032 001 ***150.00

DOCUMENT # K52333

1. Entity Name
HOPEWELL FUNERAL HOME, INC.



Principal Place of Business

% MARGIE LYNN WILLIS
6005 S. STATE ROAD 39
PLANT CITY, FL 33567

Mailing Address

% MARGIE LYNN WILLIS
6005 S. STATE ROAD 39
PLANT CITY, FL 33567

20031150



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0092801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, MARGIE LYNN
6005 S. STATE ROAD 39
PLANT CITY, FL 33566

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

**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	SD
NAME	WILLIS, MARGIE LYNN
STREET ADDRESS	6002 S. STATE ROAD 39
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	HANEY, GLENDA KAY
STREET ADDRESS	6002 S. STATE ROAD 39
CITY-ST-ZIP	PLANT CITY, FL
TITLE	PTD
NAME	HANEY, EDWENA LYNN
STREET ADDRESS	6005 S. SR. 39
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	WILLIS, JOHN G
STREET ADDRESS	6005 S. SR. 39
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Margie Lynn Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

Date

(813) 737-3128

Daytime Phone #