## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52333

Entity Name: HOPEWELL FUNERAL HOME, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0092801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIS, MARGIE LYNN
6005 S. STATE ROAD 39
PLANT CITY, FL 33566 US
WILLIS, MARGIE L
6005 S. STATE ROAD 39
PLANT CITY, FL 33567 US

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.

SIGNATURE: MARGIE LYNN WILLIS 01/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 WILLIS, MARGIE LYNN,
 Name:
 WILLIS, MARGIE L

 Address:
 6002 S. STATE ROAD 39
 Address:
 6002 S. STATE ROAD 39

 City-St-Zip:
 PLANT CITY, FL
 City-St-Zip:
 PLANT CITY, FL 33567

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HANEY, GLENDA KAY,
 Name:
 HANEY, GLENDA K

 Address:
 6002 S. STATE ROAD 39
 Address:
 6002 S. STATE ROAD 39

 City-St-Zip:
 PLANT CITY, FL
 City-St-Zip:
 PLANT CITY, FL 33567

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition

 Name:
 HANEY, EDWENA LYNN
 Name:
 HANEY, EDWENA L

 Address:
 6005 S. SR. 39
 Address:
 6005 S. SR. 39

 City-St-Zip:
 PLANT CITY, FL 33567
 City-St-Zip:
 PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWENA HANEY PTD 01/05/2006