


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # K52333 1. Entity Name HOPEWELL FUNERAL HOME, INC.	
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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
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0092801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	SD WILLIS, MARGIE L 6002 S. STATE ROAD 39 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANEY, GLENDA K 6002 S. STATE ROAD 39 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HANEY, EDWENA L 6005 S. SR. 39 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/08-80037-014-150.00

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: *M. Haney* *Edwena Haney* 1-07-08 813.737.3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #