

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54527

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ALL COUNTY MORTUARY SERVICE, INC.

**Current Principal Place of Business:**

1107 LAKE AVE  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1107 LAKE AVE  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 65-0102407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHARKEY, VINCENT  
1107 LAKE AVE.  
LAKEWORTH, FL 33460 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SHARKEY, VINCENT  
Address: 1107 LAKE AVE  
City-St-Zip: LAKE WORTH, FL

I hereby 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 all other like empowered.

SIGNATURE: VINCENT SHARKEY

PSD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date