

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90017 041 ***150.00

DOCUMENT # K55643

1. Entity Name
PANCIERA MEMORIAL HOME, INC.



Principal Place of Business
**4200 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US**

Mailing Address
**MARK J. PANCIERA
4200 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021 US**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0086407

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARK J. PANCIERA
4200 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**

**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 *Mark J. Panciera* **MARK J. PANCIERA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *2/2/06*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **PANCIERA, MARK J**
STREET ADDRESS **4200 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021** *DELETE*

TITLE **DPST**
NAME **LOWERY, G DAVID**
STREET ADDRESS **4200 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Goetz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #