

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81976

FILED
Jan 10, 2006
Secretary of State

Entity Name: BELLEVIEW FUNERAL HOME, INC.

Current Principal Place of Business:

5946 ROBINSON RD
PO BOX 386
BELLEVIEW, FL 344210386 US

New Principal Place of Business:

Current Mailing Address:

1515 E SILVER SPRINGS BLVD
SUITE 201
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2949449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXLEY, DENNIS K
3946 SE ROBINSON ROAD
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HIERS, JOHN M.,
Address: 5946 SE ROBINSON RD
City-St-Zip: BELLEVIEW, FL

Title: DV () Delete
Name: BAXLEY, DENNIS K,
Address: 5946 SE ROBINSON ROAD
City-St-Zip: BELLEVIEW, FL

Title: ST () Delete
Name: BAXLEY, MICHELINE GINE
Address: 5946 SE ROBINSON ROAD
City-St-Zip: BELLEVIEW, FL

Title: T () Delete
Name: BAXLEY, JUSTIN N
Address: 5946 SE ROBINSON RD
City-St-Zip: BELLEVIEW, FL 34821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN HIERS

DP

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date