

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52131

FILED  
Jan 10, 2004  
Secretary of State

**Entity Name:** FUNERAL INDUSTRY CONSULTANTS, INC.

**Current Principal Place of Business:**

701 W. GREEN STREET  
P.O. BOX 1456  
PERRY, FL 32347

**New Principal Place of Business:**

701 W. GREEN STREET  
P.O. BOX 1456  
PERRY, FL 32348

**Current Mailing Address:**

701 W. GREEN STREET  
P.O. BOX 1456  
PERRY, FL 32347

**New Mailing Address:**

701 W. GREEN STREET  
P.O. BOX 1456  
PERRY, FL 32348

**FEI Number:** 59-2814730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAGIN, JOHN B.  
701 W. GREEN STREET  
PERRY, FL 32347

**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: HAGIN, JOHN B.,  
Address: 701 W. GREEN ST.  
City-St-Zip: PERRY, FL 32347,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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 B. HAGIN

PRES

01/10/2004

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

\_\_\_\_\_  
Date