

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90005 017 ***158.75

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1. Entity Name
DIRECT CASKET DELIVERY AND DISTRIBUTION CORPORATION



Principal Place of Business
**2401 E ATLANTIC BLVD
STE314
POMPANO BEACH, FL 33062**

Mailing Address
**2401 E ATLANTIC BLVD
STE314
POMPANO BEACH, FL 33062**

44001010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1023185

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARADISO, DON A
444 N. POMPANO BEACH BLVD
STE 1707
POMPANO BEACH, FL 33062**

Name
**2401 E. ATLANTIC BL
#314
POMPANO BEACH FL 33062**

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 *Don A. Paradiso*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-14-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
PARADISO, DON A
444 N. POMPANO BEACH BLVD #1707
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2401 E. ATLANTIC BL #314
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Don A. Paradiso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-04 954-782-5006

Date Daytime Phone #