


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P00000109453 1. Entity Name ICS CREMATORY CORPORATION	
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Principal Place of Business 357 NW WILKS LN. STE A LAKE CITY, FL 32055	Mailing Address 357 NW WILKS LN. STE A LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3688257	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, SHERRY A 357 NW WILKS LN. STE A LAKE CITY, FL 32055

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, SHERRY A 1465 PEARL AVE LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLS, RONALD 250 NE 10TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. NICHOLS, MELINDA 250 NE 10TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000851588
03/25/08-80045-001 150.00

U00000851588
03/25/08-80045-002 8.75

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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 all other like empowered.

SIGNATURE: <u>Sherry A. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-3-08</u> <small>Date</small>	<u>386-755-9292</u> <small>Daytime Phone #</small>
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