

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109453

FILED
Feb 25, 2009
Secretary of State

Entity Name: ICS CREMATORY CORPORATION

Current Principal Place of Business:

357 NW WILKS LN.
STE A
LAKE CITY, FL 32055

New Principal Place of Business:

357 NW WILKS LN.
LAKE CITY, FL 32055

Current Mailing Address:

357 NW WILKS LN.
STE A
LAKE CITY, FL 32055

New Mailing Address:

357 NW WILKS LN.
LAKE CITY, FL 32055

FEI Number: 59-3688257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SHERRY A
357 NW WILKS LN.
STE A
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

WILLIAMS, SHERRY A
357 NW WILKS LN.
LAKE CITY, FL 32055 US

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:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, SHERRY A
Address: 1465 PEARL AVE
City-St-Zip: LIVE OAK, FL 32064

Title: VP () Delete
Name: NICHOLS, RONALD
Address: 250 NE 10TH PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: DIR. () Delete
Name: NICHOLS, MELINDA
Address: 250 NE 10TH PLACE
City-St-Zip: CAPE CORAL, FL 33909

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:

I hereby certify that the information supplied with this filing does not qualify 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: SHERRY A. WILLIAMS

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date