

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Feb 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000092522

1. Entity Name  
MOLINEUX FUNERAL HOMES, INC.



Principal Place of Business  
1689 S. PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937

Mailing Address  
1689 S. PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937



02202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3747606

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NORTHCUTT, WILLIAM R ESQ  
2194 HWY A1A STE 306  
INDIAN HARBOUR BEACH, FL 32937

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLINEUX, DAVID P 1689 S. PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLINEUX, NANCY L 1689 S. PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937
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000000071719  
03/01/04-80082-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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: Nancy L. Molineux, Secretary/treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 (621)  
Date Daytime Phone # 777-4640