FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90263 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000008500

1. Entity Name
FUNERARIA SAN JUAN, INC.

20045969

Principal Place of Business	Mailing Address
2661 BOGGY CE RD KISSIMMEE, FL 34744	6599 COMMODORE DR. PONTE VEDRA BEACH, FL 32082

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	2661 Boggy Ce Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Kissimmee, FL
Zip / Country	Zip: 34744 / Country

4. FEI Number: 54-2065052 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDT, FRED
6599 COMMODORE DR.
PONTE VEDRA, FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2005 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	D RICHARDT, FRED 6599 COMMODORE DR. PONTE VEDRA, FL 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Fred Richardt   4-21-05   407-344-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #