

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 027 ***150.00

DOCUMENT # P02000016612					
1. Entity Name DAYTONA FUNERAL HOME, INC.					
Principal Place of Business 1423 BELLEVUE AVENUE DAYTONA BEACH, FL 32114			Mailing Address 1423 BELLEVUE AVENUE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address: 725 W. Granada Blvd Suite 48 Ormond Beach, FL Zip 32174 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0004065	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOHMAN, NANCY 1428 BELLUVE AVE DAYTONA BEACH, FL 32114			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: 4-26-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LOWELL, LOHMAN STREET ADDRESS 1210 JOHN ANDERSON DR. CITY ST ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTS NAME LOHMAN, NANCY STREET ADDRESS 1210 JOHN ANDERSON DR. CITY ST ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME LOHMAN, TY STREET ADDRESS 5 OAKWOOD PARK CITY ST ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4-26-07 386-615-1170		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					