

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000016618

1. Entity Name
VOLUSIA COUNTY CREMATION SERVICES, INC.



Principal Place of Business
1425 BELLEVUE AVENUE
DAYTONA BEACH, FL 32114

Mailing Address
1425 BELLEVUE AVENUE
DAYTONA BEACH, FL 32114



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0004068
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD.
SUITE 900
DAYTONA BEACH, FL 32118

**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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
P
LOHMAN, LOWELL
1210 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VTS
LOHMAN, NANCY
1210 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
LOHMAN, TY
5 OAKWOOD PARK
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

000000167209
07/19/04-80015-015 550.00

**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)(c), 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 Lohman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04