2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90443 030 ***150.00

DOCUMENT # P02000016618

1. Entity Name
VOLUSIA COUNTY CREMATION SERVICES, INC.

400090...

Principal Place of Business	Mailing Address
1423 BELLEVUE AVENUE DAYTONA BEACH, FL 32114	1423 BELLEVUE AVENUE DAYTONA BEACH, FL 32114

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		725 W. Granada Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 48	
City & State		City & State Ormond Beach, FL	
Zip	Country	Zip 32174	Country USA

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

LOHMAN, NANCY
1423 BELLEVUE 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 Nancy Lohman

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LOHMAN, LOWELL	
STREET ADDRESS	1210 JOHN ANDERSON DR.	
CITY ST ZIP	ORMOND BEACH, FL 32176	
TITLE	VTS	☐ Delete
NAME	LOHMAN, NANCY	
STREET ADDRESS	1210 JOHN ANDERSON DR.	
CITY ST ZIP	ORMOND BEACH, FL 32176	
TITLE	V	☐ Delete
NAME	LOHMAN, TY	
STREET ADDRESS	5 OAKWOOD PARK	
CITY ST ZIP	ORMOND BEACH, FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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 [illegible] ... empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 [illegible] with an address, with all other like empowered.

SIGNATURE: Nancy Lohman 4-26-07 386-615-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR