## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016618

FILED Apr 14, 2009 Secretary of State

Entity Name: VOLUSIA COUNTY CREMATION SERVICES, INC.

urrent P	rincipai Piac	e of Business:	New Principal Place	e or business:	
	LEVUE AVENI A BEACH, FL				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
UITE 48	ANADA BLVD BEACH, FL:		725 W GRANADA BL SUITE 48 ORMOND BEACH, F		
El Number	: 90-0004068	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
423 BELİ	NANCY LEVUE AVE A BEACH, FL	32114 US			
ne above	named entity	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
he above the State	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
ne above the State	e named entity e of Florida. RE:	submits this statement for the submits this statement for the submits the subm		ed office or registered agent, or both,  Date	
ne above the State	named entity e of Florida. RE: Electro				
he above the State IGNATU	named entity e of Florida. RE: Electro	nic Signature of Registered Ag	ent		
ne above the State GNATU	e named entity e of Florida.  RE: Electro mpaign Financir S AND DIRECTO P ( LOHMAN, LOV 1210 JOHN AR	nic Signature of Registered Ag ng Trust Fund Contribution ( ). CTORS: ) Delete VELL	ent	Date	
ne above the State GNATUI ection Car FFICER le: ame: ldress:	e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  P ( LOHMAN, LOW 1210 JOHN AN ORMOND BEA  VTS ( LOHMAN, NAN 1210 JOHN AN	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete VELL JDERSON DR. JOH, FL 32176  ) Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LOHMAN VP 04/14/2009