

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90422 011 ***150.00

DOCUMENT # P02000016632	
1. Entity Name DAYTONA FUNERAL PROPERTIES, INC.	

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

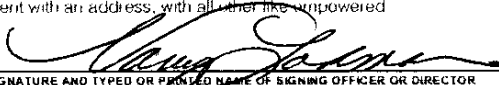
	
04252007	Chg-P CR2E034 (12/06)
4. FEI Number 75-2994044	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOHMAN, NANCY 1423 BELLEVUE AVE DAYTONA BEACH, FL 32114	
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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 ☐ \$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	P LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176 ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	VTS LOHMAN, NANCY 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176 ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY ST ZIP
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition TITLE 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 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 386615-1170