2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000016637

1. Entity Name
PALM COAST FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
220 PALM COAST PKWY PALM COAST, FL 32137	220 PALM COAST PKWY PALM COAST, FL 32137

07102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0004070

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE

FILE NOW!!! FEE IS $550.00
Due by September 5, 2004

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

10. OFFICERS AND DIRECTORS

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

000000167208
07/15/04-80015-014 550.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 7-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #