2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# P02000016637

Entity Name: PALM COAST FUNERAL HOME, INC.

Current Principal Place of Business:

220 PALM COAST PKWY
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

220 PALM COAST PKWY
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 90-0004070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOWELL, LOHMAN
Address: 1210 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: VTS ( ) Delete
Name: LOHMAN, NANCY
Address: 1210 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: V ( ) Delete
Name: LOHMAN, TY
Address: 5 OAKWOOD PARK
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 VTS 03/31/2005

Electronic Signature of Signing Officer or Director Date