2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90443 040 ***150.00

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DOCUMENT # P02000016637

1. Entity Name
PALM COAST FUNERAL HOME INC

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

Mailing Address
220 PALM COAST PKWY
PALM COAST, FL 32137

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: 90-0004070 — 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* 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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOWELL LOHMAN		NAME	
STREET ADDRESS	1210 JOHN ANDERSON DR.		STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	
TITLE	VTS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOHMAN NANCY		NAME	
STREET ADDRESS	1210 JOHN ANDERSON DR.		STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOHMAN, TY		NAME	
STREET ADDRESS	5 OAKWOOD PARK		STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Nancy Lohman* 4-26-07 386-615-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR