


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 002 ***150.00

DOCUMENT # P02000016637					
1. Entity Name PALM COAST FUNERAL HOME, INC.					
Principal Place of Business 220 PALM COAST PKWY PALM COAST, FL 32137			Mailing Address 725 N GRANADA BLVD SUITE 48 ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0004070	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOHMAN LEHMEN, NANCY 1423 BELLEVUE AVE DAYTONA BEACH, FL 32114			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	LOHMAN, TY		NAME		
STREET ADDRESS	5 OAKWOOD PARK		STREET ADDRESS		
CITY- ST- ZIP	ORMOND BEACH, FL 32174		CITY- ST- ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Nancy Lohman</u> <small>SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-22-08 <small>Date</small>		386-615-1170 <small>Daytime Phone #</small>



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