2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90443 029 ***150.00

DOCUMENT # P02000119331

1. Entity Name
BAGGETT & SUMMERS FUNERAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176	1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
736 S. Beach Street		725 W. Granada Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 48	
City & State: Daytona Beach, FL		City & State: Ormond Beach, FL	
Zip: 32114	Country: USA	Zip: 32174	Country: USA

4. FEI Number 13-4223314 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOHMAN, NANCY
1433 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 [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

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	
P	LOHMAN, LOWELL	1210 JOHN ANDERSON DR.	ORMOND BEACH, FL 32176	☐ Delete
VTS	LOHMAN, NANCY	1210 JOHN ANDERSON DR.	ORMOND BEACH, FL 32176	☐ Delete
V	LOHMAN, TY	5 OAKWOOD PARK	ORMOND BEACH, FL 32174	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

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: [signature] 4-26-07 386-615-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR