

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

14061104

DOCUMENT # P03000025502

1. Entity Name

A.J.C. FLORIDA FUNERAL SERVICES, INC.

Principal Place of Business

14538 TAMiami TRAIL

NORTH PORT FL 34287-2705

2. Principal Place of Business

14538 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

14538 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

Zip

34287

Country

US

4. FEI Number

42-1578363

Applied For

Not Applicable

5. Certificate of Status Desired

MOORE

CR2E034 (11/03)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TARTAGLIA, ANTHONY J

14538 TAMiami TRAIL

NORTH PORT FL 34287-2705

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

PD

TARTAGLIA, ANTHONY L

24623 NOVA LANE

PORT CHARLOTTE FL 33980

SD

TARTAGLIA, CHERYL S

24623 NOVA LANE

PORT CHARLOTTE FL 33980

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #