

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 18, 2004 8:00 am
Secretary of State

04-28-2004 90274 039 ***150.00

DOCUMENT # P03000025713

1. Entity Name

CASKETS AND MORE, INC.



Principal Place of Business

3687 MYKONOS CT.
BOCA RATON, FL 33487
12

Mailing Address

3687 MYKONOS CT.
BOCA RATON, FL 33487
12

66422645



MOORE CR2E034 (11/03)

2. Principal Place of Business

6135 NW 167 Street
Suite, Apt. #, etc. E-13

3. Mailing Address

6135 NW 167 Street
Suite, Apt. #, etc. E-13

City & State Miami FL

Zip 33015

Country

City & State Miami FL

Zip 33015

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MODESTO R
3687 MYKONOS COURT
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Gonzalez, Modesto R
Street Address (P.O. Box Number is Not Acceptable)
6135 NW 167 Street E-13
City Miami FL Zip Code 33015

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 ☐ PST
NAME Gonzalez, Modesto R
STREET ADDRESS 6135 NW 167 Street E-13
CITY-ST-ZIP Miami FL 33015 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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:

Modesto Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #