

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033436

FILED
May 03, 2004
Secretary of State

Entity Name: DIRECT CREMATIONS, INC.

Current Principal Place of Business:

1408 NW 4TH AVE.
DELRAY BCH, FL 33444

New Principal Place of Business:

4400 NORTH FEDERAL HWY.
47
BOCA RATON, FL 33431

Current Mailing Address:

1408 NW 4TH AVE.
DELRAY BCH, FL 33444

New Mailing Address:

4400 NORTH FEDERAL HWY.
47
BOCA RATON, FL 33431

FEI Number: 13-4243711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMELUNG, ERIN L
1408 NW 4TH AVE.
DELRAY BCH, FL 33444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMELUNG, ERIN L
Address: 1408 NW 4TH AVE.
City-St-Zip: DELRAY BCH, FL 33444

Title: VD (X) Delete
Name: MCNALL, W. KENNETH
Address: 1622 NE 4TH ST.
City-St-Zip: BOYNTON BCH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN AMELUNG

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date