

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069060

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: AFTERLIFE SERVICES, INC.

## Current Principal Place of Business:

4691 RAVENSWOOD RD  
FT. LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

4691 RAVENSWOOD RD  
FT. LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: 55-0834134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, GARY L  
4691 RAVENSWOOD RD.  
FT. LAUDERDALE, FL 33312 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: P ( ) Delete  
Name: LEVINE, GARY L  
Address: 4691 RAVENSWOOD RD.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: ST ( ) Delete  
Name: LEVINE, JUSTIN L  
Address: 4691 RAVENSWOOD RD  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: LEVINE, GARY L  
Address: 4691 RAVENSWOOD RD.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D (X) Change ( ) Addition  
Name: ALLISON, LYNNIA  
Address: 4691 RAVENSWOOD RD.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP/D ( ) Change (X) Addition  
Name: ATTERMANN, BRUCE  
Address: 4691 RAVENSWOOD RD.  
City-St-Zip: FT LAUDERDALE, FL 33312

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: GARY LEVINE

P.D

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date