2004 FOR PROFIT CORPORATION

FILED Jul 26, 2004 8:00 am Secretary of State

	ANNUAL	KEFUKI					u j	OI N	Julio
DOCUMENT # P0300090809 1. Entity Name NATIONAL ORGANIZATION OF FUNERAL HOME						07-26-200)4 90002	019 **	*150.00
WORKER	RS, INC.	,							
Principal Plac	e of Business	Mailing Address		···					
5850 CYPRES GARDENS BOULEVARD, APT. #501 WINTER HAVEN, FL 33884		5850 CYPRES GARDENS BOULEVARD, APT. #501 WINTER HAVEN, FL 33884			54064715				
2. Principal Place of Business 2210 Jan Mar Drive		3. Mailing Address 2210 Jan Mar Drive							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07202004	Chg-P	CR2E034	l (10/03)	
City & State Auburndale, Florida		City & State			4. FEI Numb	183624		 	plied For
Zip	Country	Auburndale,	, Florida Country	L	<u> </u>	183624	<u> </u>		t Applicable
33823	USA -	33823-	USA		5. Certificate	of Status Desired		8.75 Add e Require	
	Name	7. Name and Address of New Registered Agent							
HARDEN,	JOHN L								
5850 CYPRES GÅRDËNS BOULEVARD, APT. #501 WINTER HAVEN∜FL 33884				Street Address (P.O. Box Number is Not Acceptable) 2210 Jan Mar' Drive					
AAIIA1EK	IAVEN/FL 33004			- UMI					,
					burndale FL 33823				
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office of	registere	ed agent, or bo	th, in the State of Flori	da. I am far	niliar with,	and accept
ſ`,	i.						49.45		Silver A
SIGNATURE	Signature, typed or or nied name or registered agent ar	nd title if applicable, (NOTE: R	Peçistered Agent signati	are required	when reinstating)	•	DATE	<u> </u>	
	f 5				<u> </u>			" 	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaigr Trust Fund Contrib			00 May Be ed to Fees	In accordance wi corporation did no	th s. 607.1 ot receive t	93(2)(b), he prior r	F.S., the notice
· 10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11
TITLE NAME	DPST ; HARDEN, JOHN L	Delete	TITLE NAME	•			[X Change	☐ Addition
STREET ADDRESS	5850 CYPRES GARDENS BOULE	STREET ADDRESS	2210 Jan Mar Drive						
CITY-ST-ZIP	1 1			Auburndale, Florida 33823					
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STREET ADDRESS CITY-ST-ZIP	6		STREET ADDRESS CITY-ST-ZIP						
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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 rule 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 trusted 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 indurest with all other like ampowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

. NAME

STREET ADDRESS

CITY-ST-ZIP

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