

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90003 050 ***550.00

DOCUMENT # P03000117147

1. Entity Name
**SERENITY MEMORIAL FUNERAL HOME & CREMATION
SERVICES, INC.**



Principal Place of Business
**823 5TH STREET, NE
CRYSTAL RIVER, FL 34429**

Mailing Address
**PO BOX 1334
CRYSTAL RIVER, FL 34423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08052004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0299006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, LEON L
823 5TH STREET, NE
CRYSTAL RIVER, FL 34423**

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 \$550.00
Due by September 8, 2004.**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMAS, LEON L REV.
855 NE 5TH ST
CRYSTAL RIVER, FL 34429**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXECUTIVE VICE PRESIDENT
DANIEL G. SAVAGE, III
823 NE 5TH ST.
Crystal River, FL 34429**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILKERSON, DOREATHA
855 NE 5TH ST
CRYSTAL RIVER, FL 34429**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, DEBORAH D BISHOP
855 NE 5TH ST
CRYSTAL RIVER, FL 34429**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
George Ann Jackson
823 NE 5TH ST
Crystal River, FL 34429**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THOMAS, VIVIAN P REV.
855 NE 5TH ST
CRYSTAL RIVER, FL 34429**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

DANIEL G. SAVAGE, III

8-20-04

Date

Daytime Phone #