

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127109

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** BUXTON'S WEST LAKE FUNERAL HOME AND CREMATORY, INC.

**Current Principal Place of Business:**

805 US 27 NW  
MOORE HAVEN, FL 33471

**New Principal Place of Business:**

**Current Mailing Address:**

110 NE 5 AVE  
OKEECHOBEE, FL 34972

**New Mailing Address:**

110 NE 5 STREET  
OKEECHOBEE, FL 34972

**FEI Number:** 83-0378158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUXTON, PAUL  
110 NE 5 AVE  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

BUXTON, PAUL M PRES.  
110 NE 5 STREET  
OKEECHOBEE, FL 34972 US

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: PAUL M. BUXTON

04/28/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUXTON, PAUL  
Address: 110 NE 5 AVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: BUXTON, MARILYN  
Address: 110 NE 5 AVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: LEWIS, PHILIP A  
Address: 415 OAK AVE NW  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BUXTON, PAUL M PRES.  
Address: 110 NE 5 STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change ( ) Addition  
Name: BUXTON, MARILYN A  
Address: 110 NE 5 STREET  
City-St-Zip: OKEECHOBEE, FL 34972

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: PAUL M. BUXTON

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date