

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000132017**

1. Entity Name  
TRI-COUNTY FUNERAL SERVICES, INC.



Principal Place of Business  
1806 NW 29 STREET  
OAKLAND PARK, FL 33311

Mailing Address  
P.O. BOX 100142  
OAKLAND PARK, FL 33310



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3141451

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ST. AMAND, FRED J JR  
P.O. BOX 100142  
FT. LAUDERDALE, FL 33310

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ST. AMAND, FRED J SR.  
STREET ADDRESS PO BOX 100142  
CITY-ST-ZIP FORT LAUDERDALE, FL 33310

TITLE VP  
NAME ST. AMAND, SANDRA D  
STREET ADDRESS PO BOX 100142  
CITY-ST-ZIP FORT LAUDERDALE, FL 33310

TITLE VP  
NAME ST. AMAND, FRED J JR  
STREET ADDRESS PO BOX 100142  
CITY-ST-ZIP FORT LAUDERDALE, FL 33310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/23/07-80009-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Sandra St. Amund* Sandra St. Amund 4/30/07 (954) 485-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #