

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132017

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRI-COUNTY FUNERAL SERVICES, INC.

Current Principal Place of Business:

1806 NW 29 STREET
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100142
OAKLAND PARK, FL 33310

New Mailing Address:

FEI Number: 75-3141451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ST. AMAND, FRED J JR
1941 WEST OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ST. AMAND, FRED J SR.
Address: PO BOX 100142
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: VP () Delete
Name: ST. AMAND, SANDRA D
Address: PO BOX 100142
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: VP () Delete
Name: ST. AMAND, FRED J JR
Address: PO BOX 100142
City-St-Zip: FORT LAUDERDALE, FL 33310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDRA ST. AMAND

MS.

04/30/2008

Electronic Signature of Signing Officer or Director

Date