2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132017

Title:

Name:

Address: City-St-Zip: ST. AMAND, FRED J JR

FORT LAUDERDALE, FL 33310

PO BOX 100142

Entity Name: TRI-COUNTY FUNERAL SERVICES, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1806 NW 29 STREET OAKLAND PARK, FL 33311 **Current Mailing Address: New Mailing Address:** 1941 WEST OAKLAND PARK BLVD P.O. BOX 100142 OAKLAND PARK, FL 33310 OAKLAND PARK, FL 33311 FEI Number: 75-3141451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ST. AMAND, FRED J JR 1941 WEST OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ST. AMAND, FRED J SR. Name: Name: PO BOX 100142 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33310 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: ST. AMAND, SANDRA D Name: PO BOX 100142 Address: Address: FORT LAUDERDALE, FL 33310 City-St-Zip: City-St-Zip: () Delete

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.

Title:

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: FRED J. ST. AMAND, JR 04/20/2009

() Change () Addition