

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000132017

**FILED**  
**Feb 10, 2011**  
**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:**

1941 WEST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33311

**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  
1941 WEST OAKLAND PARK BLVD.  
OAKLAND PARK, FL 33311 US

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

ST. AMAND, SANDRA  
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: SANDRA ST. AMAND

02/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DS  
Name: ST. AMAND, JESSICA  
Address: PO BOX 100142  
City-St-Zip: FORT LAUDERDALE, FL 33310

I hereby 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 all other like empowered.

SIGNATURE: SANDRA ST. AMAND

MGRM

02/10/2011

Electronic Signature of Signing Officer or Director

Date