

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000138267

1. Entity Name
**HODGES FAMILY FUNERAL HOME AND CREMATION
CENTER INC.**



Principal Place of Business Mailing Address
**5221 8TH ST.
ZEPHYRHILLS, FL 34238** **5221 8TH ST.
ZEPHYRHILLS, FL 34238**

DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0435649 Not Applicable

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

6. Name and Address of Current Registered Agent

**HODGES, CAROLYN
14046 5TH ST.
DADE CITY, FL 33525**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **HODGES, MICHAEL R**
STREET ADDRESS **14046 5TH ST.**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE D
NAME **HODGES, CAROLYN**
STREET ADDRESS **14046 5TH ST.**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE D
NAME **BUSH, RANDY**
STREET ADDRESS **14046 5TH ST.**
CITY-ST-ZIP **DADE CITY, FL 33525**

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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03/18/05-80066-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05 813 7821535

Date

Daytime Phone #