

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151602

FILED
Jan 15, 2009
Secretary of State

Entity Name: BROADUS-RAINES FAMILY FUNERAL HOME INC.

Current Principal Place of Business:

501 SPRING ST
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

501 SPRING ST
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 58-2677551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROADUS, DAVID L
1888 BLUEBONNET WAY
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: RAINES, ANN M
Address: 3229 CALLIE CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V () Delete
Name: RAINES, JAMES H
Address: 3229 CALLIE CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: BROADUS, DAVID L
Address: 1888 BLUEBONNET WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: V () Delete
Name: BROADUS, JULIE A
Address: 1888 BLUEBONNET WAY
City-St-Zip: ORANGE PARK, FL 32003

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:

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: DAVID L. BROADUS

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date