

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


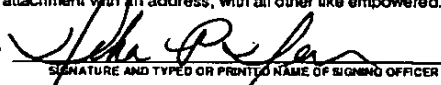
FILED
Mar 11, 2005 8:00 am
Secretary of State

02-04-2005 90051 003 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P03000152933			
1. Entity Name DEES FAMILY FUNERAL HOME & CREMATION SERVICES, INC.			
Principal Place of Business PO BOX 3213 768 WEST DUVAL STREET LAKE CITY FL 32055		Mailing Address PO BOX 3213 768 WEST DUVAL STREET LAKE CITY FL 32055	
2. Principal Place of Business 768 West Duval St. P.O. Box 3213 Lake City FL 32055		3. Mailing Address P.O. Box 3213 768 West Duval St. Lake City FL 32055	
City & State Lake City FL		City & State Lake City FL	
Zip 32055	Country USA	Zip 32055	Country USA
4. FEI Number 54-2136337		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEES, DEBRA P PO BOX 3213 LAKE CITY FL 32056		7. Name and Address of New Registered Agent Dees, Debra P. 768 West Duval St. Lake City FL 32055	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, DEBRA P POST OFFICE BOX 3213 LAKE CITY FL 32056-3213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Debra P. Dees Jan. 31, 2005 (362) 961-9500	