


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90174 046 \*\*\*150.00

<b>DOCUMENT # P03000152933</b>	
1. Entity Name <b>DEES FAMILY FUNERAL HOME &amp; CREMATION SERVICES, INC.</b>	

Principal Place of Business <b>768 WEST DUVAL ST P.O. BOX 3213 LAKE CITY, FL 32055</b>	Mailing Address <b>P.O. BOX 3213 768 WEST DUVAL STREET LAKE CITY, FL 32055</b>
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**40049829**



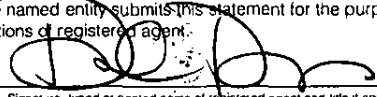
2. Principal Place of Business - No P.O. Box # <b>768 W. Duval St.</b>	3. Mailing Address <b>PO Box 2091</b>
Suite, Apt. #, etc. <b>PO Box 2091</b>	Suite, Apt. #, etc.
City & State <b>Lake City FL</b>	City & State <b>Lake City FL</b>
Zip <b>32055</b>	Country <b>USA</b>
Zip <b>32056</b>	Country <b>USA</b>

01042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>DEES, DEBRA P 768 WEST DUVAL ST LAKE CITY, FL 32025</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

4. FEI Number <b>54-2136337</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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  <b>Debra Dees President</b>	DATE <b>02-27-07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 exemptions contained 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 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.	
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SIGNATURE:  <b>Debra Dees</b>	DATE: <b>02-27-07</b>	DAYTIME PHONE: <b>386 7521234</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		