## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000152933

FILED Apr 13, 2009 Secretary of State

Entity Name: DEES FAMILY FUNERAL HOME & CREMATION SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

768 WEST DUVAL ST 458 S. MARION AVE. SUITE B P.O. BOX 2091 LAKE CITY, FL 32055

P.O. BOX 2091 LAKE CITY, FL 3205 LAKE CITY, FL 32055

Current Mailing Address: New Mailing Address:

P.O. BOX 2091 LAKE CITY, FL 32056

FEI Number: 54-2136337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEES, DEBRA P
768 WEST DUVAL ST
LAKE CITY, FL 32025 US
DEES, DEBRA P
458 S. MARION AVE.
LAKE CITY, FL 32025 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: 04/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DEES, DEBRA P
 Name:
 DEES, DEBRA P

 Address:
 POST OFFICE BOX 3213
 Address:
 POST OFFICE BOX 898

 City-St-Zip:
 LAKE CITY, FL 320563213
 City-St-Zip:
 LAKE CITY, FL 320560898

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: DEBRA P. DEES RA 04/13/2009