2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/7/

FILED
Jun 18, 2004 8:00 am
Secretary of State
06-07-2004 90006 033 ***150.00

DOCUMENT # P04000002583

1. Entity Name
EVERY DOOR OPEN INC.

Principal Place of Business	Mailing Address
9450 S BEAR LAKE RD. APOPKA, FL 32703	9450 S BEAR LAKE RD. APOPKA, FL 32703

66428623

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062004 Chg-P CR2E034 (10/03)

4. FEI Number 37148254 1 — [X] Applied F[or] / Not Applic[able]

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

6. Name and Address of Current Registered Agent

JERMOLOWICZ, INGE L
9450 S. BEAR LAKE RD.
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 acc[ept] the obligations of registered agent.

SIGNATURE [signature] President Inge L. Jermolowicz DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JERMOLOWICZ, INGE L	
STREET ADDRESS	9450 S. BEAR LAKE ROAD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VP	☐ Delete
NAME	Joseph Jermolowicz	
STREET ADDRESS	9450 S Bear lk Rd	
CITY-ST-ZIP	Apopka Fl 32703	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]

TITLE	VP	☐ Change	[X] Ad[d]
NAME	Joseph Jermolowicz		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Ad[d]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Ad[d]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Ad[d]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Ad[d]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Ad[d]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 informati[on] 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 direc[tor] 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] President

ATTACHMENT [redacted] 04286023

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5-18-04

To whom it may concern,

Please find enclosed creamation order along with our annual report. My husbands mother died shortly before the report was due, needless to say in our grief we forgot to fill our report. If there is anything that can be done to wave the late fee we would be very greatful.

Thank you for your consideration,

Sincerly,

Inge L. Jermolowicz

Inge L. Jermolowicz Pres.

P.S. my cell phone is 407 970 1355

04/29/2004 11:24 1111111111 HILLSBORO MEMORIAL PAGE 02/02

Attachment ATTACHMENT [redacted]

#P0400002583

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and those of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of ANTOINETTE JERNIGAN (hereinafter referred to as the "Deceased").

Date of Death APRIL 28, 2004 at 10:30 (X) A.M. ( ) P.M.

I/We hereby request and authorize HILLSBORO MEM EH (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at LAKELAND CREM INC (hereinafter referred to as the "Crematory"). Cremation will be completed within 3 days following all required approvals. NOK PDL

I/We hereby authorize the Crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ( ) Yes (X) No Describe CREMATION TO TAKE PLACE IN AN ALTERNATIVE CREMATION CONTAINER

Description of urn or container selected: TEMP CONTAINER Suitable for shipping: ( ) Yes (X) No

( ) Deliver to _____ Cemetery

( ) Release to family SHARON FREVERT

( ) Scattering at sea by Funeral Home or Funeral Home's agent

( ) Ship via U. S. Registered Mail* _____

Tie Name _____ Address _____

( ) Other _____

* Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service.

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ( ) DO NOT (X) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.
   Please initial one. [illegible]

   Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

   _____ _____
   Description of Implanted Device Disposition

   _____ _____
   Description of Implanted Device Disposition

   If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.
3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process. I/We acknowledge receiving, from the Funeral Home, a copy of the booklet entitled "Cremation Facts" containing additional explanatory information about the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document, and that I/we have received the booklet entitled "Cremation Facts".

Signature [illegible] Joseph Terrell Jernigan SON

Address [illegible] Tel. No. ( ) 727-467-3317

Signature _____

Address _____ Tel. No. ( )

WITNESS _____ Date: _____

NOTARY [illegible] 4/29/04

WHITE: Crematory Copy JEANNE M. DEANGELIS-JONES (CANARY: Funeral Home Copy) (PINK: Family Copy)

Jeanne M. Deangelis-Jones
Commission # DD0184874
Expires 2/18/2007
Bonded through
(800-432-4254) Florida Notary Assn., Inc.