

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024990

FILED
Jan 16, 2009
Secretary of State

Entity Name: GARY PANOCH FUNERAL HOME & CREMATIONS OF BOCA RATON INC.

Current Principal Place of Business:

6140 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487

New Principal Place of Business:

6140 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487 US

Current Mailing Address:

6140 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 57-1202233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANOCH, GARY
22536 SWORDFISH DRIVE
BOCA RATON, FL 33428 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: P () Delete
Name: PANOCH, GARY
Address: 22536 SWORDFISH DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: CEO () Delete
Name: PANOCH, CHRISTINE
Address: 22536 SWORDFISH DRIVE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY PANOCH

PRES

01/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date