


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90002 040 ***150.00

DOCUMENT # P04000048759	
1. Entity Name PORT ORANGE FUNERAL HOME, INC.	

Principal Place of Business 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176	Mailing Address 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176
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20051914

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



07262006 Chg-P CR2E034 (11/05)

4. FEI Number 90-0154783		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		7. Name and Address of New Registered Agent	
LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176		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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176 <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	VP LOHMAN, NANCY 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176 <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
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.

SIGNATURE: *Nancy Lohman* **8-1-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

20051914

#P04008848759

July 26th, 2006

Florida Dept of State
Division of Corporations
2670 Executive Center Circle
Tallahassee, FL 32301

RE: Port Orange Funeral Home, Inc.
2006 Annual Report with payment-Attached

Dear Sirs:

Per our phone conversation with one of your agents this afternoon, we are sending this letter to request the late fee be waived for this filing.

We submitted our 2006 report with payment on 2-3-06. To this date that check has not cleared our bank, so we called to verify the status of our report. Today we were informed the report and payment have not been received by you, so we are re-filing (attached).

We would request your consideration in this matter.

Sincerely,

Nancy Lohman
Lohman Family Properties