

FILED
Apr 30, 2007 8:00 am
Secretary of State

40088001

DOCUMENT # P04000048759 1. Entity Name PORT ORANGE FUNERAL HOME, INC.		State of Florida 04-30-2007 90399 026 ***150.00																																																																									
Principal Place of Business 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176		Mailing Address 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176																																																																									
2. Principal Place of Business - No P.O. Box # 1201 Dunlawton Ave. Suite, Apt. #, etc.		3. Mailing Address 725 W. Granada Blvd Suite, Apt. #, etc. Suite 48																																																																									
City & State Port Orange, FL Zip 32127 Country USA		City & State Ormond Beach, FL Zip 32174 Country USA																																																																									
4. Identification Number 90-0154783		5. Additional Fee Required ☐ \$8.75																																																																									
6. Name and Address of Current Registered Agent LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Nancy Lohman Direct Address Only (Not Acceptable) 1210 John Anderson Dr Ormond Beach FL Zip Code 32176																																																																									
8. Signature of Current Registered Agent the obligations of registered agent																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financial Report Filed Contribution ☐ \$5.00 May be Added to Fees																																																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TITLE</th> <th>P</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY ST ZIP</th> <th>☐ Delete</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>LOHMAN, LOWELL</td> <td>1210 JOHN ANDERSON DR</td> <td>ORMOND BEACH, FL 32176</td> <td></td> </tr> <tr> <td></td> <td></td> <td>VP LOHMAN, NANCY</td> <td>1210 JOHN ANDERSON DR</td> <td>ORMOND BEACH, FL 32176</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> </tbody> </table>		TITLE	P	NAME	STREET ADDRESS	CITY ST ZIP	☐ Delete			LOHMAN, LOWELL	1210 JOHN ANDERSON DR	ORMOND BEACH, FL 32176				VP LOHMAN, NANCY	1210 JOHN ANDERSON DR	ORMOND BEACH, FL 32176							☐ Delete						☐ Delete						☐ Delete						☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY ST ZIP</th> <th>☐ Change</th> <th>☐ Addition</th> </tr> </thead> <tbody> <tr> <td></td> <td>Lohman, Ty</td> <td>5 Oakwood Park</td> <td>Ormond Beach, FL 32174</td> <td></td> <td>☒</td> </tr> <tr> <td></td> <td>Lohman, Victor</td> <td>31 Pebble Beach Dr</td> <td>Ormond Beach, FL 32174</td> <td></td> <td>☒</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change</td> <td>☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change</td> <td>☐ Addition</td> </tr> </tbody> </table>		TITLE	NAME	STREET ADDRESS	CITY ST ZIP	☐ Change	☐ Addition		Lohman, Ty	5 Oakwood Park	Ormond Beach, FL 32174		☒		Lohman, Victor	31 Pebble Beach Dr	Ormond Beach, FL 32174		☒					☐ Change	☐ Addition					☐ Change	☐ Addition
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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 is true and accurate as of the date of filing. If there has been a change in the name or address of the corporation or officer or director, or if the corporation or officer or director has changed, or on an attachment with an address, with all the like empowered																																																																											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		426-07 386-615-1170																																																																									