


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #P04000048759</b> 1. Entity Name PORT ORANGE FUNERAL HOME, INC.	
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Principal Place of Business 1201 DUNLAWTON AVE PORT ORANGE, FL 32127	Mailing Address 725 W. GRANADA BLVD SUITE 48 ORMOND BEACH, FL 32174
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02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0154783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LOHMAN, NANCY 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	U000000915685 05/09/08-80025-005-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOHMAN, NANCY 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOHMAN, TY 5 OAKWOOD PARK ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOHMAN, VICTOR 31 PEBBLE BEACH DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **2-22-08** **386-615-1170**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #