2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -3 AM 10: 59

DOCUMENT # P04000096555

1. Entity Name
MICHAEL A. BROCHETTI FUNERAL HOME, INC.

Principal Place of Business
~~410 PLAZA AVE~~ 404 Plaza Ave
LAKE PLACID, FL 33852

Mailing Address
~~410 PLAZA AVE~~ 404 Plaza Ave
LAKE PLACID, FL 33852

09032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
404 Plaza Ave
Suite, Apt. #, etc.
City & State Lake Placid FL
Zip 33852 Country Highlands

3. Mailing Address
404 Plaza Ave
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-2001165
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BROCHETTI, MICHAEL A
410 PLAZA AVE
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent
Name Michael A. Brochetti
Street Address (P.O. Box Number is Not Acceptable)
404 Plaza Ave
City Lake Placid FL Zip Code 33852

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] Michael A. Brochetti 10-27 08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	BROCHETTI, MICHAEL A	
STREET ADDRESS	404 PLAZA AVE	
CITY ST ZIP	LAKE PLACID, FL 33852	
TITLE	S	☐ Delete
NAME	PARMALEE, KAREN	
STREET ADDRESS	404 PLAZA AVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
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 11

TITLE		☐ Change ☐ Addition
NAME	500137858735	
STREET ADDRESS	11/12/08--01052--006 **150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	11/5/08	
CITY-ST-ZIP		

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: [signature] Michael A. Brochetti 10-27-08 863 465 9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #