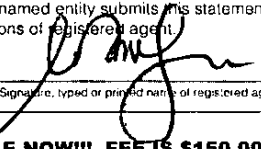
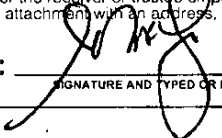


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 LAKE PLACID, FL 33852		Mailing Address 404 Plaza Ave LAKE PLACID, FL 33852	
2. Principal Place of Business - No P.O. Box # 404 Plaza Ave		3. Mailing Address 404 Plaza Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State	
Zip 33852	Country Highlands	Zip	Country
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:  Michael A. Brochetti Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 10-27-08			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROCHETTI, MICHAEL A 404 PLAZA AVE LAKE PLACID, FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500137858735 11/12/08--01052--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARMALEE, KAREN 404 PLAZA AVE LAKE PLACID, FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Michael A. Brochetti		Date: 10-27-08 863 465 999 7	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	