

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003957

FILED
Jan 16, 2007
Secretary of State

Entity Name: JOHNELL CAVER YOUR HOME FOR FUNERALS INC.

Current Principal Place of Business:

1000 ALTERNATE HWY 17
LAKE WALES, FL 33853

New Principal Place of Business:

90 ORANGE AVENUE
LAKE WALES, FL 33853

Current Mailing Address:

1000 ALTERNATE HWY 17
LAKE WALES, FL 33853

New Mailing Address:

90 ORANGE AVENUE
LAKE WALES, FL 33853

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVER, JOHNNELL SR.
8526 DANVERS CT.
ORLANDO, FL 328681791 US

Name and Address of New Registered Agent:

CAVER, JOHNNELL SR.
90 ORANGE AVENUE
LAKE WALES, FL 33853 US

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.

SIGNATURE:

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAVER, JOHNNELL
Address: P.O. BOX 681791
City-St-Zip: ORLANDO, FL 328681791

Title: V () Delete
Name: CAVER, BEATRICE S.
Address: P.O. BOX 681791
City-St-Zip: ORLANDO, FL 328681791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAVER, JOHNNELL SR
Address: 90 ORANGE AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: V (X) Change () Addition
Name: CAVER, BEATRICE S.
Address: 90 ORANGE AVENUE
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNELL CAVER SR

P

01/16/2007

Electronic Signature of Signing Officer or Director

Date