

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90174 045 \*\*\*150.00

DOCUMENT # P06000121180

1. Entity Name  
DEES-PARRISH FAMILY FUNERAL HOME, INC.



Principal Place of Business  
P. O. BOX 2091  
LAKE CITY, FL 32056

Mailing Address  
P. O. BOX 2091  
LAKE CITY, FL 32056

40049830



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

458 S. Marion Ave PO Box 2091

• Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-P

CR2E034 (12/06)

City & State  
Lake City FL

City & State  
Lake City FL

4. FEI Number  
16-1772660

Applied For  
Not Applicable

Zip Country  
32056 USA

Zip Country  
32056 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEES, DEBRA P  
768 W. DUVAL ST.  
LAKE CITY, FL 32055

Name Debra P. Dees  
Street Address (P.O. Box Number is Not Acceptable) 458 S. Marion Ave.

City Lake City FL Zip Code 32056

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 *Debra Dees* President 02-27-07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME DEES, DEBRA P  
STREET ADDRESS P. O. BOX 2091  
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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 *Debra Dees* President 02-27-07 386 102 1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #