


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P06000121180 1. Entity Name DEES-PARRISH FAMILY FUNERAL HOME, INC. |  |
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| Principal Place of Business 458 S. MARION AVE LAKE CITY, FL 32055 | Mailing Address P. O. BOX 2091 LAKE CITY, FL 32056 |
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 16-1772660 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DEES, DEBRA P 458 S. MARION AVE. LAKE CITY, FL 32055 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000892765 04/23/08-80078-009 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEES, DEBRA P P. O. BOX 2091 LAKE CITY, FL 32056 |
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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.

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|---|----------------|--------------------|
| SIGNATURE  Debra P. Dees | 3/22/08 | 386 7521274 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |