## 2008 FOR PROFIT CORPORATION

## Jul 11, 2008 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P07000045256** 07-11-2008 90015 005 \*\*\*558.75 TRINITY FUNERAL HOME OF PERRY, INCORPORATED Principal Place of Business Mailing Address 40110246 1159 HIGHWAY 98 WEST 1159 HIGHWAY 98 WEST PERRY, FL 32348 PERRY, FL 32348 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-P CR2E034 (12/06) City & State City & State Applied For FEI Number 14-1995365 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUGGS, JERRY-L Street Address (P.O. Box Number is Not Acceptable) 3812 BOHANNON CIRCLE PERRY, FL 32348 7 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE BISHOP, WALTER NAME NAME STREET ADDRESS 195 W FOLSOM STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY, FL 32348 Delete TITLE ☐ Change ☐ Addition TITLE NAME CLAYTON, GEORGE E NAME 1003 E GREEN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY, FL 32347 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE DEMPS, HARRY NAME 644 N MYRTLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY, FL 32347 CITY-ST-ZIP ☐ Delete THILE Change ■ Addition TITLE BUGGS, JERRY L NAME NAME STREET ADDRESS STREET ADDRESS 3812 BOHANNON CIRCLE CITY-ST-ZIP CITY-ST-ZIP PERRY, FL 32348 ☐ Change ☐ Addition TITLE ☐ Delete TITLE AUGUST, CHARLES

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 charged, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

115 MIMOSA LANE

PERRY, FL 32347

1201 W ASH STREET

PERRY, FL 32347

LEE, CHENITA

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

FILED

☐ Change

☐ Addition