

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-31-2008 90039 001 ***150.00

DOCUMENT # P07000129232 1. Entity Name SOUTHEASTERN MORTUARY SERVICES, INC.					
Principal Place of Business 6025 TROUBLE CREEK ROAD STE 500 NEW PORT RICHEY FL 34653 US			Mailing Address 5333 WELLFIELD ROAD STE 500 NEW PORT RICHEY FL 34655 US		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-1526529	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAPPA, PHILIP M MR. 5333 WELLFIELD ROAD STE 500 NEW PORT RICHEY FL 34655			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 is acceptable. NOTE: Registered Agent signature required when changing agent. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY - ST - ZIP	P RAPPA, MICHELE M MRS. 5333 WELLFIELD ROAD NEW PORT RICHEY FL 34655 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORGAN, KAREN N MRS. 8038 MAIDENCANE DRIVE TRINITY FL 34655 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Michele M Rappa</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/12/08 727-372-1166 DATE PHONE NUMBER		