

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020187

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** LOHMAN PET CEMETERY & CREMATION, INC.

**Current Principal Place of Business:**

1432 BELLEVUE AVE.  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

725 W GRANADA BLVD  
SUITE 48  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 36-4628795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOHMAN, LOWELL  
1423 BELLEVUE AVE.  
DAYTONA BCH, FL 32114 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: LOHMAN, LOWELL  
Address: 1210 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: P  
Name: LOHMAN, NANCY R  
Address: 1210 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: NANCY LOHMAN

P

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date