## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000062581

LINDEN, MI 48451 US

City-St-Zip:

Entity Name: AMERICAN FUNERAL PARTNERS OF FLORIDA, INC.

FILED Apr 14, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 9400 INDIAN SPRINGS ROAD PUNTA GORDA, FL 33950 **Current Mailing Address: New Mailing Address:** PO BOX 37 6365 ACORN WAY LINDEN, MI 48451 US PILOT MTN, NC 27041 US FEI Number: 26-2882874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEIGHTON, DAVID W 2525 EAST SUNRISE BLVD. FT. LAUDERDALE, FL 33304 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DAOUD, ABRAHAM J Name: Name: 822 W. MAIN STREET Address: Address: City-St-Zip: PILOT MOUNTAIN, NC 27041 US City-St-Zip: Title: () Delete Title: () Change () Addition DEIGHTON, DAVID W Name: Name: 6365 ACORN WAY Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AJ DAOUD P 04/14/2009