## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000101448

FILED Feb 18, 2009 Secretary of State

Entity Name: PET CEMETERY AND CREMATION SERVICES OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

18706 GRACIE LEE 6505 85TH AVE

SPRING HILL, FL 34610 US PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

18706 GRACIE LEE 6505 85TH AVE

SPRING HILL, FL 34610 US PINELLAS PARK, FL 33781 US

FEI Number: 26-3795233 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:

FOSTER, DOROTHY FOSTER, DORTHY 18706 GRACIE LEE 15204 COUNTY LINE ROAD

SPRING HILL, FL 34610 US SPRING HILL, FL 34610 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: DORTHY FOSTER 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 FOSTER, DOROTHY
 Name:
 FOSTER, DORTHY

 Address:
 18706 GRACIE LEE
 Address:
 15204 COUNTY LINE ROAD

 City-St-Zip:
 SPRING HILL, FL 34610 US
 City-St-Zip:
 SPRING HILL, FL 34610 US

Title: VP ( ) Delete Title: VPS (X) Change ( ) Addition Name: FOSTER, DOROTHY Name: FOSTER, HELENA

 Name:
 FOSTER, DOROTHY
 Name:
 FOSTER, RELEINA

 Address:
 18706 GRACIE LEE
 Address:
 14614 AUBREY AVE

 City-St-Zip:
 SPRING HILL, FL 34610 US
 City-St-Zip:
 SPRING HILL, FL 34610 US

Title: T ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 FOSTER, DOROTHY
 Name:
 FOSTER, KEVIN R

 Address:
 18706 GRACIE LEE
 Address:
 14614 AUBREY AVE

 City-St-Zip:
 SPRING HILL, FL 34610 US
 City-St-Zip:
 SPRING HILL, FL 34610 US

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: DORTHY FOSTER PRES 02/18/2009