

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000102768

**FILED**  
**Sep 19, 2012**  
**Secretary of State**

**Entity Name:** SEMINOLE CREMATORY, INC.

**Current Principal Place of Business:**

335 EAST STATE ROAD 434  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

335 EAST STATE ROAD 434  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARCHMAN, KENNETH R  
1330 PALMETTO AVENUE  
WINTER PARK, FL 32789 US

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

COLLISON, GREGORY L  
335 E. STATE ROAD 434  
LONGWOOD, FL 32750 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: GREGORY L. COLLISON

09/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLLISON, GREGORY L  
Address: PO BOX 1531  
City-St-Zip: WINDERMERE, FL 34786

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: GREGORY L. COLLISON

D

09/19/2012

Electronic Signature of Signing Officer or Director

Date