



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000003401	
1. Entity Name EASTSIDE FUNERAL HOME, INC.	

Principal Place of Business 2301 NORTH NEBRASKA AVE. TAMPA, FL 33602-1723	Mailing Address P O BOX 77263 TAMPA, FL 33675 US
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DO NOT WRITE IN THIS SPACE

	
02032004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3154821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYTLO, J. SCOTT 120 HYDE PARK PLACE SUITE 110 TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000072847 (8/12/04-80011-011 150.00)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT THORPE, EDWARD III 3515 E. EMMA STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STEVENS, ROBERT L 4113 GRACE STREET TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert L. Stevens Robert Lee Stevens 02-25-04 813-224-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #