


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90356 036 ***150.00

DOCUMENT # P93000044391			
1. Entity Name NATIONAL FUNERAL SERVICE, INC.			
Principal Place of Business 14538 TAMiami TRAIL NORTH PORT, FL 34287		Mailing Address 14538 TAMiami TRAIL NORTH PORT, FL 34287	
2. Principal Place of Business 3384 LA Goy Street Suite, Apt. #, etc.		3. Mailing Address 3384 LA Goy Street Suite, Apt. #, etc.	
City & State North Port, Florida		City & State North Port, Florida	
Zip 34286-6317	Country USA	Zip 34286-6317	Country USA
4. FEI Number 65-0425753		Applied For <input type="checkbox"/> Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75	
6. Name and Address of Current Registered Agent MCKEE, JAMES A 14538 TAMiami TRAIL NORTH PORT, FL 34287			
7. Name and Address of New Registered Agent Name JAMES A. Mckee Street Address (P.O. Box Number is Not Acceptable) 3384 LA Goy Street City NORTH PORT, FL Zip Code 34286-6317			
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 <i>James A. Mckee</i> (NOTE: Registered Agent signature required when resigning) DATE 3-30-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, JAMES A 2935 THOMAS LANE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) Mckee, James A. 3384 LA Goy Street NORTH PORT, FL 34286-6317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, ELKE 2935 THOMAS LANE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VP) Mckee, ELKE 3384 LA Goy Street NORTH PORT, FL 34286-6317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>James A. Mckee</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3-30-06 941-426-3377 Date Daytime Phone #	