


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000061346</b>		
1. Entity Name <b>CENTRAL FLORIDA CREMATORY OF POLK COUNTY, INC.</b>		
Principal Place of Business <b>717 GRIFFIN RD. LAKELAND, FL 33805</b>	Mailing Address <b>P. O. BOX 90547 LAKELAND, FL 33804 US</b>	



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3197135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LANIER, CHARLES R SR 717 GRIFFIN RD LAKELAND, FL 33805</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LANIER, CHARLES R SR 621 GRIFFIN RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LANIER, JOHNNIE M 621 GRIFFIN RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SDT WEBB, CHERYLE M 1813 SOCRUM LOOP RD. LAKELAND, FL
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03/11/04-80017-022 150.00

**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: Charles R. Lanier, Sr. President 3/9/04 863 687-3996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #