

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000061346

1. Entity Name
CENTRAL FLORIDA CREMATORY OF POLK COUNTY,
INC.



Principal Place of Business

717 GRIFFIN RD.
LAKELAND, FL 33805

Mailing Address

P. O. BOX 90547
LAKELAND, FL 33804 US



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3197135 | 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

LANIER, CHARLES R SR
717 GRIFFIN RD
LAKELAND, FL 33805

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | LANIER, CHARLES R SR |
| STREET ADDRESS | 621 GRIFFIN RD |
| CITY-ST-ZIP | LAKELAND, FL |
| TITLE | VP |
| NAME | LANIER, JOHNNIE M |
| STREET ADDRESS | 621 GRIFFIN RD |
| CITY-ST-ZIP | LAKELAND, FL |
| TITLE | SDT |
| NAME | WEBB, CHERYLE M |
| STREET ADDRESS | 1813 SOCRUM LOOP RD. |
| CITY-ST-ZIP | LAKELAND, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000512736
04/23/06-80103-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryle M. Webb
SDT

Date

Daytime Phone #

863
4/13/06 687-3996