## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 10, 2007 08:00 AM DOCUMENT # P93000067916 **Secretary of State** ROBERT L. CREAL, JR., FUNERAL DIRECTOR, INC. Principal Place of Business Mailing Address 2025 DR. M.L. KING ST., SO. P.O. BOX 14513 ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33733 US 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3205244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CREAL, ROBERT L P DO NOT WRITE 2140 26TH ST., SO. ST. PETERSBURG, FL. 33733 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. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITI F NAME CREAL, ROBERT L STREET ADDRESS 2140 26TH STREET SOUTH CITY-ST-ZIP ST. PETERSBURG, FL 33712 TITLE NAME U00000581364 01/10/07-80084-022 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; that I am an officer or director of the corporation of 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

FICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP