


FILED  
Jul 02, 2007 8:00 am  
Secretary of State

07-02-2007 90036 035 \*\*\*558.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000049071</b>			
1. Entity Name <b>CHESTNUT FUNERAL HOME, INC.</b>			
Principal Place of Business <b>CHESTNUT FUNERAL HOME, INC. 18 NW 8TH AVE GAINESVILLE, FL 32601</b>		Mailing Address <b>P.O. BOX 592 GAINESVILLE, FL 32602-0592</b>	
2. Principal Place of Business - No P.O. Box # <b>18 N.W. 8th Avenue</b>		3. Mailing Address <b>Post Office Box 592</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Gainesville, FL 32601</b>		City & State <b>Gainesville, FL 32602</b>	
Zip 32601 Country Alachua		Zip 32602 Country Alachua	
4. FEI Number <b>59-3250521</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CHESTNUT, CHARLES S III 18 N.W. 8TH AVENUE GAINESVILLE, FL 32601-4337</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTNUT, CHARLES S III 18 N.W. 8TH AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Charles S. Chestnut, III</u>		06/28/07 352-372-2537	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	