2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000049071

1. Entity Name
CHESTNUT FUNERAL HOME, INC.

FILED
Aug 21, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
18 NW 8TH AVE GAINESVILLE, FL 32601	P.O. BOX 592 GAINESVILLE, FL 32602-0592

08192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3250521

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHESTNUT, CHARLES S III
18 N.W. 8TH AVENUE
GAINESVILLE, FL 32601-4337

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHESTNUT, CHARLES S III
STREET ADDRESS	18 N.W. 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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08/21/08-80003-016 558.75

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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: Charles S. Chestnut, III Aug. 19, 2008 - 352-372-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #