

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000049071

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** CHESTNUT FUNERAL HOME, INC.

**Current Principal Place of Business:**

18 NW 8TH AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 592  
GAINESVILLE, FL 326020592

**New Mailing Address:**

P.O. BOX 5932  
GAINESVILLE, FL 32627

**FEI Number:** 59-3250521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHESTNUT, CHARLES S III  
18 N.W. 8TH AVENUE  
GAINESVILLE, FL 326014337 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CHESTNUT, CHARLES S III  
Address: 18 N.W. 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES S. CHESTNUT, III

PRES

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date