

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030254

FILED
Jul 15, 2008
Secretary of State

Entity Name: PALMS WEST FUNERAL HOME AND CREMATORY, INC.

Current Principal Place of Business:

110 BUSINESS PARKWAY
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

110 BUSINESS PARKWAY
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0678131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKMAN, WALLACE W SR
1084 CARAMBOLA CIRCLE
WEST PALM BEACH, FL 33406 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HICKMAN, WALLACE W SR
Address: 1084 CARAMBOLA CIRCLE
City-St-Zip: WEST PALM BEACH, FL

Title: VP () Delete
Name: HICKMAN, WALLACE W JR
Address: 6401 TRAVIS ROAD
City-St-Zip: WEST PALM BEACH, FL

Title: VP () Delete
Name: ALMEIDA, JULIAN
Address: 110 BUSINESS PARK WAY
City-St-Zip: ROYAL PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIAN ALMEIDA

VP

07/15/2008

Electronic Signature of Signing Officer or Director

Date