

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000046481

1. Entity Name
DIGNITY II CORPORATION



Principal Place of Business
**326 N MARYDELL AVE
DELAND, FL 32720 US**

Mailing Address
**1536 W NEW YORK AVE
DELAND, FL 32720 US**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3380166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CROTEAU, CECIL
744 MOCKINGBIRD LANE
DELAND, FL 32720**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000832309
02/27/08-80053-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PROCTOR, JEFFREY D
STREET ADDRESS	1515 W WINNEMISSETT AVENUE
CITY-ST-ZIP	DELAND, FL 32720

TITLE	VST
NAME	CROTEAU, CECIL
STREET ADDRESS	744 MOCKINGBIRD LANE
CITY-ST-ZIP	DELAND, FL 32720

TITLE	D
NAME	BOWSER, SHERRY A
STREET ADDRESS	732 MOCKINGBIRD LN
CITY-ST-ZIP	DELAND, FL 32720

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Cecil Croteau / Cecil Croteau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date

386-736-4413
Daytime Phone #