

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000103615

1. Entity Name
A CREMATION SERVICE OF THE PALM BEACHES, INC.



Principal Place of Business
115 W. WOOLBRIGHT RD
D
BOYNTON BEACH, FL 33435

Mailing Address
115 W. WOOLBRIGHT RD
D
BOYNTON BEACH, FL 33435



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0718428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000129484
04/26/04-80080-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KIRKPATRICK, ROBERT C
STREET ADDRESS 115 W. WOOLBRIGHT RD., STE D
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME KIRKPATRICK, ANNE R
STREET ADDRESS 115 W. WOOLBRIGHT RD., STE D
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-04 561-734-7409

Date

Daytime Phone #