## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 05, 2006 8:00 am Secretary of State DOCUMENT # P97000022240 05-05-2006 90228 001 \*\*\*450.00 1. Entity Name JANCY PET BURIAL SERVICE, INC. Principal Place of Business Mailing Address 00014843 4596 LAUGHLIN RD. P.O. BOX 870 ZELLWOOD FL 32798 ZELLWOOD FL 32798 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3438146 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEGLEY, CARL E Street Address (P.O. Box Number is Not Acceptable) 4596 LAUGHLIN RD. PO BOX 870 ZELLWOOD FL 32798 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee-Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change Addition BEGLEY, CARL E STREET ADDRESS 7219 CHESTERHILL CIRCLE STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME BEGLEY, DEW D NAME STREET ADDRESS 7219 CHESTERHILL CIRCLE STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 CITY-ST-7IE Detete. TILL \_\_\_\_ \_\_\_\_ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. CARLE. Bec-le 74 -27-06 407-884-7336

SIGNATURE: