

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059341

FILED
Feb 09, 2006
Secretary of State

Entity Name: TRAHAN MORTUARY SERVICES, INC.

Current Principal Place of Business:

419 YOAKUM COURT
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

419 YOAKUM COURT
PENSACOLA, FL 32505

New Mailing Address:

419 YOAKUM COURT
P.O. BOX 17008
PENSACOLA, FL 32522

FEI Number: 59-3456302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAHAN, DIANNA L
419 YOAKUM COURT
PENSACOLA, FL 32505 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: 3VP () Delete
Name: TRAHAN, RICHARD A
Address: 419 YOAKUM COURT
City-St-Zip: PENSACOLA, FL 32505

Title: 2VP () Delete
Name: TRAHAN, WILLIAM D
Address: 419 YOAKUM COURT
City-St-Zip: PENSACOLA, FL 32505

Title: PCEO () Delete
Name: TRAHAN, DIANNA L
Address: 419 YOAKUM COURT
City-St-Zip: PENSACOLA, FL 32505

Title: ST () Delete
Name: TRAHAN, CANDI P
Address: 419 YOAKUM CT
City-St-Zip: PENSACOLA, FL 32505

Title: 1VP () Delete
Name: TRAHAN, DENNIS S
Address: 419 YOAKUM COURT
City-St-Zip: PENSACOLA, FL 32505

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:

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 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: DIANNA L. TRAHAN

PRES

02/09/2006

Electronic Signature of Signing Officer or Director

_____ Date