


FILED
Feb 25, 2008 8:00 am
Secretary of State

4000 -

DOCUMENT # P97000059341

1. Entity Name
TRAHAN MORTUARY SERVICES, INC.



Principal Place of Business
419 YOAKUM COURT
PENSACOLA, FL 32505

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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
59-3456302

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASS & SANDFORT ACCOUNTANTS P.A.
1301 WEST GARDEN STREET
PENSACOLA, FL 32501-4504

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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_____
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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	3VP	<input type="checkbox"/> Delete
NAME	TRAHAN, RICHARD A	
STREET ADDRESS	419 YOAKUM COURT	
CITY- ST- ZIP	PENSACOLA, FL 32505	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	TRAHAN, WILLIAM D	
STREET ADDRESS	419 YOAKUM COURT	
CITY- ST- ZIP	PENSACOLA, FL 32505	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	TRAHAN, DIANNA L	
STREET ADDRESS	419 YOAKUM COURT	
CITY- ST- ZIP	PENSACOLA, FL 32505	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARKER, CANDI P	
STREET ADDRESS	419 YOAKUM CT	
CITY- ST- ZIP	PENSACOLA, FL 32505	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	TRAHAN, DENNIS S	
STREET ADDRESS	419 YOAKUM COURT	
CITY- ST- ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: Diana L. Trahan 02/21/2008 850-
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #