

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 025 ***158.75

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1. Entity Name
MARINER BOULEVARD FUNERAL CHAPEL, INC.



Principal Place of Business
**3369 MARINER BLVD
SPRING HILL, FL 34609**

Mailing Address
**3369 MARINER BLVD
SPRING HILL, FL 34609**



04192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3459683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCAUL, DOUGLAS A
15004 MIDDLE FAIRWAY DR
BROOKSVILLE, FL 34609**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCAUL, DOUGLAS A
STREET ADDRESS	15004 MIDDLE FAIRWAY DR
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	DST
NAME	MCCAUL, VELVA D
STREET ADDRESS	15004 MIDDLE FAIRWAY DR
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	VPD
NAME	ARKON, DENISE M
STREET ADDRESS	15004 Middle Fairway Dr
CITY-ST-ZIP	44287 HERRING HOLLOW SPRING HILL, FL 34609 Brooksville, FL 34609
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:

Douglas A McCaul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas A. McCaul

5/24/08

Date

(352) 684-0001

Daytime Phone #