

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90002 030 ***550.00

DOCUMENT # P98000009012

1. Entity Name

GAINER FAMILY FUNERAL HOME, INC.



Principal Place of Business

**1613 MARTIN LUTHER KING, JR. BLVD.
PANAMA CITY FL 32405**

Mailing Address

**P.O. BOX 35337
PANAMA CITY FL 32412-5337**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3496431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAINER, HARRY JR
1613 MARTIN LUTHER KING JR BOULEVARD
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 VP ☐ Delete
NAME ROULAC, GWENDOLYN
STREET ADDRESS 1465 ROBERTS DRIVE
CITY-ST-ZIP MABLETON GA 30126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GAINER, SONYA
STREET ADDRESS P.O. BOX 35337
CITY-ST-ZIP PANAMA CITY FL 32412

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HELLIS, GAIL
STREET ADDRESS P.O. BOX 35337
CITY-ST-ZIP PANAMA CITY FL 32412

TITLE ☒ Change ☐ Addition
NAME *President*
STREET ADDRESS *HOLLIS, GAIL*
CITY-ST-ZIP *1703 Louisiana Ave.
Panama City, Florida 32405*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *GAIL Hollis* *Gail Hollis, President* 8/29/04 (850)872-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #