


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026915		
1. Entity Name BEVIS-COLONIAL FUNERAL HOME, INC.		

Principal Place of Business 2710 N MONROE STREET TALLAHASSEE, FL 32303	Mailing Address 2710 N MONROE STREET TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

FILED  
06 APR 26 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2645817	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BEVIS, RODNEY 2597 MERGANSER CT. TALLAHASSEE, FL 32308
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODNEY JAMES "ROCKY" BEVIS 2597 MERGANSER CT. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVIS, PATRICIA 2597 MERGANSER CT. TALLAHASSEE, FL 32308
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600074509476  
05/12/06--01012--029 \*\*150.00

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: \_\_\_\_\_ **4-26-06** <sup>850-</sup> 385-2193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #