2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM

1. Entity Nam	ROTHERS FUNERAL HOME, e of Business N VARD AVE		Secretary of State				
D	O NOT WRITE II		CE	03252005 4. FEI Number 59-3521	No Chg-P	CR2E034 (10/03) Applied For Not Applicat \$8.75 Additional Fee Required	ile
HAYES, TOMMY L III 28 W WOODWARD AVE EUSTIS, FL 32726			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the lons of registered agent.	purpose of changing its registere	ed office of register	red agent, or both	, in the State of Flo	rida. I am familiar with, and accep	t.
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registere	d Agent signature required	d when reinstalling)		DAYE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ded to Fees			
10.	OFFICERS AND DIRE	CTORS			***		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES III, TOMMY L 28 W WOODWARD AVE EUSTIS, FL 32726		ay dan agan ki ga ki ki ji ki ki ki sabagan	, o also a parameter a			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, DONALD E SR 28 W WOODWARD AVE EUSTIS, FL 32726	, w w s superiorantes accompanyon		04/15/05-	811046 80028-022 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN T	'HIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		•	
12. I hereby of indicated of the corchanged.	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signal d to execute this report as fequi all other like empowered.	mption stated in Seture shall have the red by Chapter 60	action 119.07(3)(i) same legal effect f Florida Statutes	Florida Statutes. I as if made under of and that my name	further certify that the Information path; that I am an officer or director a appears in Block 10 or Block 11	r if
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECT	A X	C 4	1/3/2005	352 589-4666 Daysine Phone #	 -