2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P9900000831 1. Entity Name VERO BEACH FUNERAL HOME, INC.								Feb 16, 2004 08:00 AM Secretary of State				
VERO BEACH FUNERAL HOIVE, INC.												
Principal Place of Business Mailing Address						}	1	•				
1655 27TH STREET UNIT 3 VERO BEACH FL 32960				1655 27TH STREET UNIT 3 VERO BEACH FL 32960								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt	#. etc	Suit	Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)	-		
City & State	ė	City	City & State			4. 8	El Number 65-088545	<u> </u>		oplied For of Applicable		
Zip	Country		Zip	Zip		Country		Certificate of Status Desired		\$8.75 Add		
	6. Name	and Address of Curren	t Registere				7. N	lame and Address of New F	legistered			
LOWTHER, THOMAS S						Name			,			
1655 27TH STREET UNIT 3 VERO BEACH FL 32960					Street Address (P.O. Box Number is Not Acceptable)							
(Z. (C						City						
						City FL Zip Code red office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept						
	tions of regist		or me bort	nose or cristiffing its	register-	ea annee or regise	ered ag	en, or oom, mine state or ri	onua. Tass	i i an i sua i sua i ,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered ager	it and title if app	plicable (NOT	E Registera	ed Agent signature requi	red when re	pinstating)	DATE			
F	ILE NOW!	!! FEE IS \$150.00						C Floring Compoling F				
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Section Campaign Fit Trust Fund Contribution		☐ Added	0 May Be d to Fees	
10.		OFFICERS AN	DIRECTO		11.		3A	DITIONS/CHANGES TO OFF	ICERS AN			
TITLE NAME	D LOWTHER, THOMAS S			Defete TITLE NAME		}		☐ Change ☐ Addition U0000051715				
STREET ADDRESS CITY-ST-ZIP	}	34TH AVENUE ACH FL 32968				EET ADDRESS '- ST-ZIP		02/16/04-80062-018 300. 0 0			0	
TITLE	D	DEVEDIN II		☐ Delete	TOTA NAM	· •				Change	Addition	
NAME STREET ADDRESS	3	K, BEVERLY H 34TH AVENUE		STR		EET ADDRESS						
CITY-ST-ZIP	VERO BEA	ACH FL 32968				-ST-ZIP		 				
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TITLE				☐ Delete	TITE					☐ Change	☐ Addition	
NAME				Descie	MAM	AE.					<u></u>	
STREET ADDRESS CITY-ST-ZIP					- 1	EET ADDRESS Y-ST-ZIP						
THEE	<u> </u>			☐ Delete	131L	1	·	······ · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME STREET ADDRESS					NAN STR	re Eet address						
Catty - ST- Zap						(-ST-Z8P						
TITLE NAME				Delete	TITE NAM	3				☐ Change	Addition	
STREET ADDRESS					•	EET ADDRESS						
CITY-ST-ZIP						Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		7 (J= = 7 ***		
12. I hereby indicated of the co-	certify that the fon this reportion or the formation or the formation and the contract of the contract the co	ne information supplied wart or supplied wart or supplemental report the receiver or trustee em achment with an address	ith this filing is true and powered to s, with all of	g does not qualify for accurate and that to be ecute this report her like empowered	or the exe my signa t as requ I.	emption stated in ature shall have the ired by Chapter 6	Section e same i07, Flor	119.07(3)(i), Florida Statutes legal effect as if made under ida Statutes, and that my nan	. I further co oath; that I ne appears	ertily that the i am an office in Block 10 c	intormation r or director or Block 11 if	

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