

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000042295

1. Entity Name
PARK FUNERAL HOME, INCORPORATED



Principal Place of Business
**76 PARK STREET
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**P.O. BOX 168
DEFUNIAK SPRINGS, FL 32435**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726170	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, DORIS L
76 PARK STREET
DEFUNIAK SPRINGS, FL 32433**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, DORIS L 76 PARK STREET DEFUNIAK SPRINGS, FL 32433
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DORIS L 76 PARK STREET DEFUNIAK SPRINGS, FL 32433
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, MARCUS E 86 PARK STREET DEFUNIAK SPRINGS, FL 32435
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DAVID D JR 1171 ASPEN LOG PLACE AUSTELL, GA 30168
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGHES, LORI J 72 MAGNOLIA BLVD DEFUNIAK SPRINGS, FL 32433
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U00000185004
07/09/04-80012-013 150.00

U00000185004
07/09/04-80012-014 8.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

850 892 5324

Daytime Phone #