


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000103151
 1. Entity Name
 FISK FUNERAL HOME ACQUISITION, INC.



Principal Place of Business Mailing Address
 1107 MASSACHUSETTS AVE 1107 MASSACHUSETTS AVE
 SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3608103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBERTS, TERRY L
 2665 HILLIARD CT
 KISSIMMEE, FL 34744

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000276939
 03/26/05-80010-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, ROBERT D 1717 BOGGEY CREEK ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEPPIN, RONALD L 1717 BOGGEY CREEK ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROBERTS, TERRY 1717 BOGGEY CREEK ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Terry Lee Roberts TERRY Lee ROBERTS 3/15/05 407-847-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #