

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90204 002 ***150.00

DOCUMENT # S04814

1. Entity Name

ADAMS & JENNINGS FUNERAL HOME, INC.



Principal Place of Business

6900 NEBRASKA AVE
TAMPA FL 33604

Mailing Address

6900 NEBRASKA AVE
TAMPA FL 33604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3035830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, STACY A
4205 CHASE DRIVE
ZEPHYRHILLS FL 33543

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ADAMS, MICHAEL J.
STREET ADDRESS 6900 NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ Delete
NAME ADAMS, DONALD F
STREET ADDRESS 6900 NEBRASKA AVE
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ Delete
NAME ADAMS, STACY A
STREET ADDRESS 6900 NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME ADAMS, DONALD F.
STREET ADDRESS 6900 NEBRASKA AVE
CITY-ST-ZIP TAMPA, FL 33604

TITLE STD ☒ Change ☐ Addition
NAME ADAMS, STACY A
STREET ADDRESS 6900 NEBRASKA AVE.
CITY-ST-ZIP TAMPA, FL 33604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Adams

4/18/06

813/237-3345

Date

Daytime Phone #