

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S56990

1. Entity Name
FOUNTAIN FUNERAL HOME, INC.



Principal Place of Business
507 HWY 27 N
AVON PARK, FL 33825

Mailing Address
507 HWY 27 N
AVON PARK, FL 33825

FILED

07 JUL 24 AM 8:08

STATE
TALLAHASSEE, FLORIDA

05-14-07 01094 001 \$3,972.50 - \$150.00



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0298898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, CYNTHIA P
507 HWY 27 N
AVON PARK, FL 33825

**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 _____ (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
Due by September 14, 2007**

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	PRE
NAME	FOUNTAIN, CYNTHIA P
STREET ADDRESS	1008 W CIRCLE ST
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	V.PR
NAME	MILLER, JASON C
STREET ADDRESS	1111 W. PLEASANT
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SEC-
NAME	MILLER, JULIA A
STREET ADDRESS	1111 W. PLEASANT
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

M 7/24

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Cynthia Fountain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 8034520101