

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # V03681

1. Entity Name

AMERICAN FAMILY CREMATION CONSULTANTS, INC.



**FILED
Apr 11, 2008 8:00 am
Secretary of State**

04-11-2008 90042 047 ***150.00



1st MOORE CR2E034 (10/07)

| | | | |
|---|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 2701 CLEVELAND AVENUE SUITE 1 FORT MYERS FL 33901 | | 2701 CLEVELAND AVENUE SUITE 1 FORT MYERS FL 33901 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GALLAHER, ROWENA 2701 CLEVELAND AVE FT MYERS FL 33901 | | 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 *Rowena Gallaher*

Signature, typed or printed name of registered agent and the telephone number.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O President GALLAHER, ROWENA M. 2701 CLEVELAND AVENUE S1 FORT MYERS FL | <input type="checkbox"/> Delete | 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 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: *Rowena Gallaher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08 239-337-7311

Date

Daytime Phone #