


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90057 030 \*\*\*158.75

<b>DOCUMENT # V60383</b> 1. Entity Name NAPLES FUNERAL HOME, INC.					
Principal Place of Business 3107 DAVIS BLVD. NAPLES, FL 34104			Mailing Address 330 BOULEVARD HASBROUCK HEIGHTS, NJ 07604		
2. Principal Place of Business		3. Mailing Address <b>232 Kipp Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Hasbrouck Heights</b>		4. FEI Number <b>65-0440201</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent	
Zip		Country		7. Name and Address of New Registered Agent	
Zip		Country		Name	
Zip		Country		Street Address (P.O. Box Number is Not Acceptable)	
Zip		Country		City	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VS NIMMO, SCOTT 330 BOULEVARD HASBROUCK HEIGHTS, NJ 07604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HALL, MICHAEL 3107 DAVIS BLVD NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Nimmo, Scott 232 Kipp Ave Hasbrouck Heights, NJ 07604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Nimmo, Scott 232 Kipp Ave Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Nimmo, Scott 232 Kipp Ave Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Nimmo, Scott 232 Kipp Ave Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Nimmo, Scott 232 Kipp Ave Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Scott Nimmo</u> 1-18-06 1-800-338-3761					