

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 437895

Entity Name: TRUSTED FUNERAL PLANS, INC.**Current Principal Place of Business:**1700 SUMMIT LAKE DRIVE
SUITE 100
TALLAHASSEE, FL 32317**Current Mailing Address:**P.O. BOX 13407
TALLAHASSEE, FL 32317**FEI Number:** 59-3525582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, WILLIAM H JR.
1700 SUMMIT LAKE DRIVE
SUITE 100
TALLAHASSEE, FL 32317 US*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.***SIGNATURE:** WILLIAM H. WILLIAMS, JR.**02/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	WILLIAMS, WILLIAM H. JR
Address	1700 SUMMIT LAKE DR. SUITE 100
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	TOALE, DAVID V
Address	1700 SUMMIT LAKE DR. SUITE 100
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	FARLEY, DAVID P
Address	1700 SUMMIT LAKE DR SUITE 100
City-State-Zip:	TALLAHASSEE FL 32317

Title	EXECUTIVE VICE PRESIDENT/SECRETARY
Name	BEVIS, W. H
Address	1700 SUMMIT LAKE DR SUITE 100
City-State-Zip:	TALLAHASSEE FL 32317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM H. WILLIAMS, JR.**PRESIDENT/CEO****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date