

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 437895

Entity Name: TRUSTED FUNERAL PLANS, INC.**Current Principal Place of Business:**1200 THOMASVILLE RD.
TALLAHASSEE, FL 32303**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.
1200 THOMASVILLE RD.
TALLAHASSEE, FL 32303 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.

01/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name WILLIAMS, WILLIAM H. JR
Address 1200 THOMASVILLE RD.
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name FARLEY, DAVID P
Address 1200 THOMASVILLE RD.
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name TOALE, DAVID V
Address 1200 THOMASVILLE RD.
City-State-Zip: TALLAHASSEE FL 32303

Title EVPS
Name BEVIS, W. H
Address 1200 THOMASVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32303

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

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date